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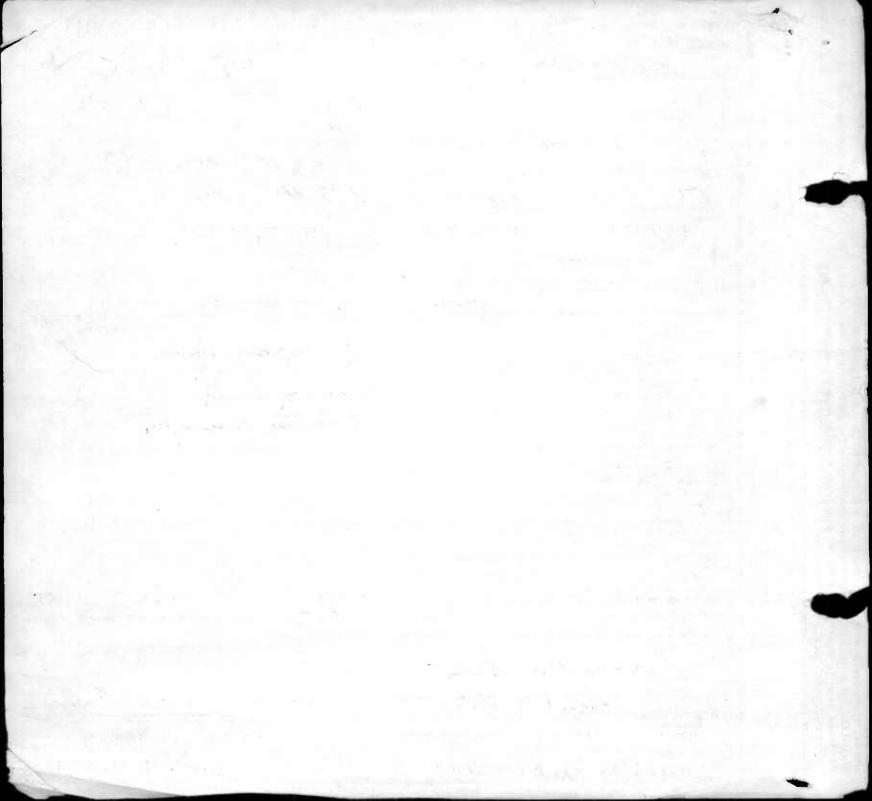
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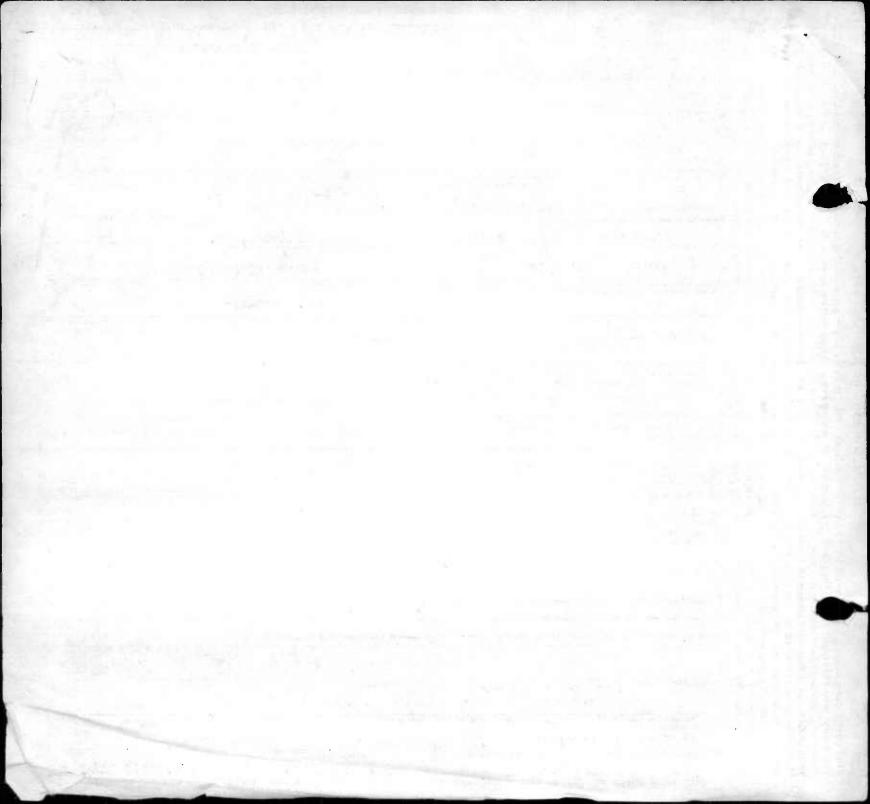
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL and give township) ERAK mad 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday! 10A. USUAL OCCUPATION (Give kind of work 10B. OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) EMPLOYEE CLEANING COMPANY BALTIMORE. MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ? ADOLPH WOLFE v 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes. no or unknown) (If yes, give wor or dates of service) SECURITY NO. 215-01-5664 MRS. HILDA WOLFE 3200 NERAK ROAD CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embai heart failure, asthenio, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving lo the obove couse (A) stating the the remains UNDERLYING CONDITION Iosi. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 2 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 0 before 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDI obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19.6 ____ ond that in(my) (our) opinion death accurred on the date that (1) (we) last sow the deceased alive on... and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATUS 23B, DATE SIGNED Attending Med. M.D. Stoff Phys. Director Phys. pproval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24D. LOCATION 0 (City, town, or county) REMOVAL (Specify) decease

11/24/65 SHAAREI TFILOH BALTIMORE MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR LEVINSON: & BROS. INC. 6010 REISTERSTOWN RO VS 150-REV. 1/1/65



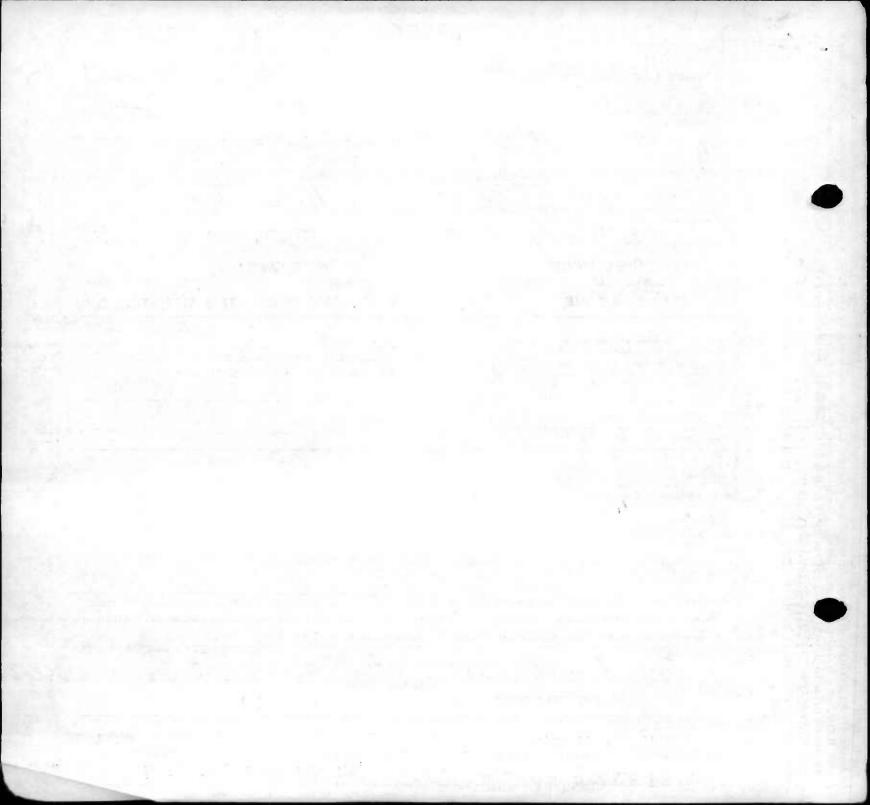
BALTIMORE CI	TY H	EALTH D	DEPARTME	EN
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			BALTIMORE CITT	HEALTH DEPAK	IMEIAI		
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M.E. CASE NO.		15-2		-	DATE AN	D HOUR OF DEATH	70 1,000
(Type or Print)	DSE	1401	CW/TZ			0/65	1031 4
3. PLACE OF DEATH	IN BALTIMORE, MAR			4. USUAL RESIDI		deceased lived. If in	nstitution: residence before odmission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or oddress or location)	institution, gr	ve street	C. CITY OR TOW	N (If outs	side city timits, write	RURAL and give township)
42	JINAI	11001	PITAL	D. STREET ADDR	ESS (IF I	Urol, give locotion)	ANE #15
F	W	WIDOWED,	NEVER MARRIED DIVORCED (specify) ARRIED	B. DATE OF BIRTH	1	ost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
one during most of worki	ng life, even if retired)		BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY?
Sales L	aay	Reta	<u>u</u>	14. MOTHER'S M.	AIDEN NAN	Md.	usa
	SALGANI				RAH RO	DSENSTOCK	
5. Was Deceased Ever 'es, no or unknown) (If y	in U. S. Armed Force es, give wor or doles	of service)	SECURITY NO.	Harry G.	. Horwi	itz- Same	ADDRESS
(This does not in heart failure, asth injury or complice ANTI	R CONDITION DIRE DING TO DEATH nean the made of c enia, etc. II means li stian which caused of ECEDENT CAUSES CONDITIONS, if an bove cause (A) s DNDITION last.	lying, e.g., he disease, leath.)	(A)	Eente!	myora	udiling	bretion 1/2 hr.
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21D. TIME (MC	onth) (Doy) (Year)		e At Not While At Work	e 🗔	W DID INJU	JRY OCCUR?	,
22. I certify that	(1) (this hospital)	ottended the	e deceased from		1	959 10 /	1/20 19 65
that (I) (we) los	saw the deceosed	olive an	11/20	1965	and tho	ot in (my) (pur) opi	nion deoth occurred on the d
	m the causes state	d abave. (I)	(Me) (did) (did met)	view the bady oft	er deoth.		
23A. SIGNATURE	2						23B. DATE SIGNED
1 /	- motor	62, 6	M.D. Atte	ending Me	ed.	Stoff Phys.	11/20/65
23C. PHYSICIAN'S NAME (Type)	(For Dr. Han	old Big	M.D. Atte Phy		v. c		7
4A. BURIAL CREMAT REMOVAL (Special			ME of CEMETERY OF CRI			CATION	ity, town, or county) (State
BURIAL		Bal	Etimore Hobro	w Cona.		Baltimore	Maruland
5A. DATE REC'D BY	HEALTH DEPT. 2	5B. NAME OI	Ctimore Hebre	25C. FUNERAL	DIRECTOR	8 BROS INC	Maryland ADDRESS 6010 Reist Rd.
S 130-REV. 2 4, 191	55 Romb 8	2. Jan	WPM	100	2110011	31100	TOTO RECOL RU.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

IRTH NO.	250 B TT	10000				
	65 120	NU3 (CERTIFICAT	TE OF DEATH	Registered Na.	65 12003
NAME OF DECEA	SED			2. DATE AN	D HOUR OF DEATH	00 30000
Type or Print)	ERNICE	BROG	ina	NOV.	21,196	5 11:30A.N
PLACE OF DEATH	H IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution residence before admission)
				A. STATE B. COUN	TY	(het
FULL NAME OF HOSPITAL OR	(If not in hospital address or location	or institution, give stre	eet	C. CITY OR TOWN (If out	11 20 P 10 11	Shells
INSTITUTION				0		RURAL and give township)
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42						$i = \rho \rho$
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SAM	MUEL ABRAMS			ROSE KAND	EL	
Was Deceased E	ver in U. S. Armed Fo	orces? 16. SO	CIAL CURITY NO.	7. INFORMANT		ADDRESS
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Also, if the direct or contributing cause of death e of any kind; (4) Undetermined cause; (5) Deceased

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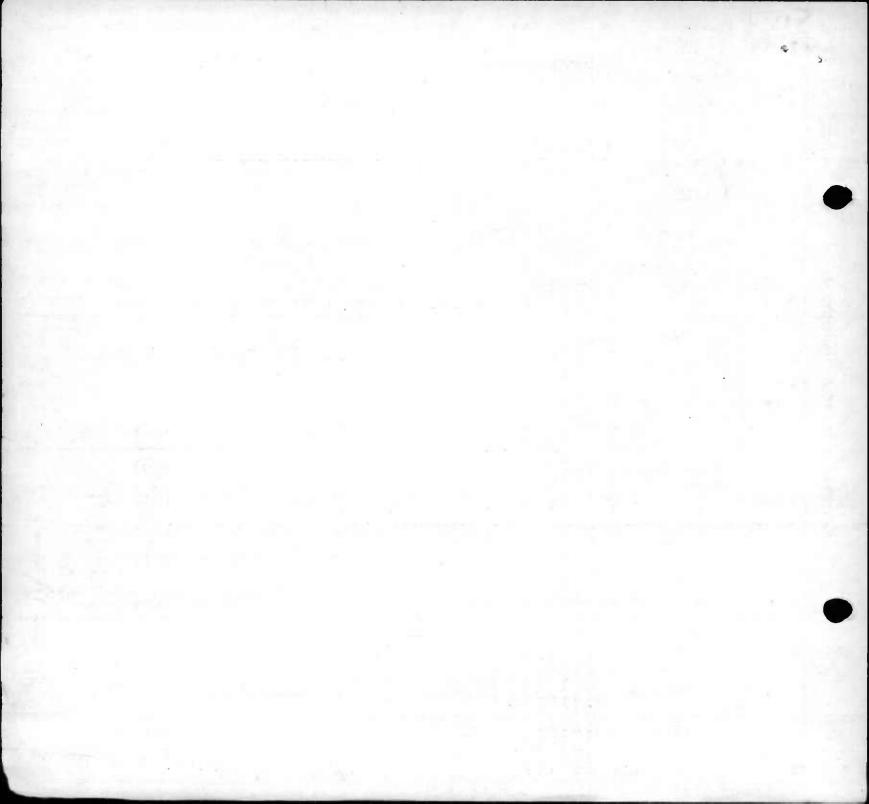
the body was released to the hospital by a medical

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				BALTIMORE CIT	Y HEALTH DEPARTMEN			
	TH NO.	65 12	004	CERTIFICA	ATE OF DEAT	H Registered N	5 1.2004	
1, N	AME OF DECEA	SED	KAUFMAI	٧		OVEMBER 19,19		7 1
3. P	PLACE OF DEATH	IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE A. STATE B. C	(Where deceased lived.	If institution: residence	before od
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) INSTITUTION					(If outside city limits, wr	ite RURAL ond give to	wnship)	
0	0	4224 FAIR	VIEW AV	ENUE	BALTIMORE D. STREET ADDRESS 4224 FAIRU	(If rural, give location) IEW AVENUE		
5. S	MALE 6.	WHITE	WIDOWED	NEVER MARRIED D, DIVORCED (specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys	If Under Hours
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13.	GROCER FATHER'S NAME		KLI	ALL	14. MOTHER'S MAIDEN		u.Sr	
	UN	KNOWN			UNKN	OWN		
15. \	Wos Deceased Ev	er in U. S. Armed Ford	:08?	1 6. SOCIAL	17. INFORMANT		ADDRE	SS
105	NO or unknownilli	yes, give wor or date:	o or service)	212-34-5805	MRS. MINNIE	KAUFMAN 422	24 FAIRVIEW	AVEN
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TIFICATION	injury or campli AN DISEASES OR rise to the UNDERLYING O OTHER SIGNIFIC TO THE DEA	Ihenia, elc. II means colian which coused TECEDENT CAUSES CONDITIONS, if obave cause (A) CONDITION lost. II ant conditions C TH But NOT RELANDITION CAUSING I	the disease, deeth.) ony, giving stating the ONTRIBUTION TO THE T	(C)		or No)] 20B, IF YES, WE	/ (4) Fl	DERED
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MEDICAL CERTIFIC	Injury or campli AN DISEASES OR rise la lhe UNDERLYING OF OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19A-DATE OF OF 21A. ACCIDENT OR CONTRIBUTH DEATH (notify me 21D. TIME OF INJURY (APPROX.) 22. I certify the thot (I) (we) lo	TECEDENT CAUSES CONDITIONS, if obove cause (A) CONDITION lost. ILLANT CONDITIONS CAUSING IT ON THE LANDITION CAUSING IT PERATION 198. CONDITION (A) WAS UNDERLYING CAUSE OF edicol exominer) of (1) (this hospital st sow the decease com the couses state of the couses of the couse of the couses of the couses of the couses of the couses of the couse of the couses of the couses of the couse	the disease, deoth.) ony, giving stating the one of the original	WHICH OPERATION PLACE OF INJURY (e.g., te., form, foctory, street, te.) INJURY OCCURRED INJURY OCCURRED At Work The deceased from (1) (We) (did) (did not) M.D. At Ph	in or obout 21 C. WHERE Doffice bldg., INJURY OCCU 21F. HOW DIE ile 19 or view the body after de tending Med. ys. Med. 23D. ADDRESS 4000 W NOR	or No) 20B. IF YES, WE IN CERTIFYING 1D (If in Bolti) R? to	ere FINDINGS CONSIC CAUSES OF DEATH? more City, give exact	locotion)

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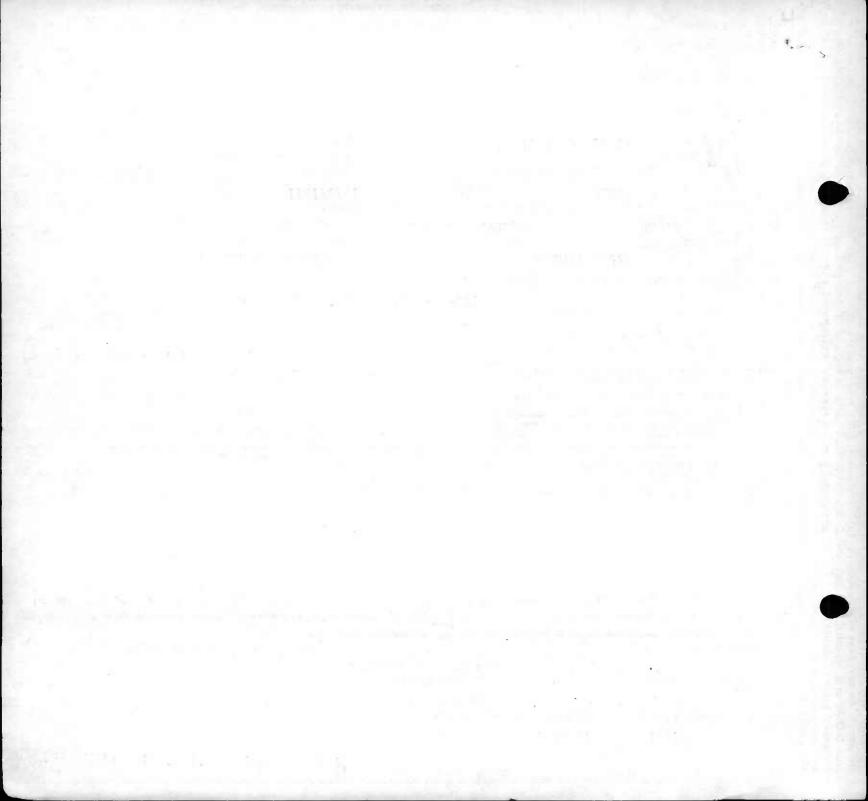
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VS 150-REV.

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BALTIMORE CITY HEALTH DEPARTMENT 65 12005 Registered No. . BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) GOODMAN J. LEVINE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township D. STREET ADDRESS SINAI HOSPITAL (If rurol, give location) 2426 SMITH AVENUE 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy Months Doys 10/9/1911 MALE WHITE MARRIED 54 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? USA CLERK SOCIAL SECURITY NEW YORK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HARRY LEVINE BESSIE BERNSTEIN 15. Was Deceased Ever in U. S. Armed Forces 1 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO 110-05-5013 MRS. SYLVIA LEVINE 2426 SMITH AVE 18. CAUSE OF DEATH INTERVAL BETWEEN 0. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving to the above couse (A) stoling the UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased) from that (1) (we) lost sow the deceased alive on ond that in (my) (our) aplalan death accurred on the date and Wour and from the couses stated above. (1) (We) (did (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. Stoff Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS MAME (Type 24A BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify BURIAL BALTIMORE MARYLAND 11/23/65 HEBREW YOUNG 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR BROS. INC. 6010

(State)



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	0	0	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🖰	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🔔	-
4	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	3	de	written approval must be obtained before the remains are embalmed or final disposition is made.

FUNERAL DIRECTOR: IMPORTANT

	DECEASED		2. DATE AND HOUR OF DEA	TH			
Type or Prin	" BENJAM	IN M. AXELROD	NOVEMBER 21, 1965 4				
FULL NA HOSPITAL INSTITUTI	. OR address or lacation	or institution, give street	4. USUAL RESIDENCE (Where deceosed fived. I A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, writh BALTIMORE)	3-0			
115	SINAI HOSPITA	L	D. STREET ADDRESS (If rurol, give location)				
40			835 LAKE DRIVE (ALHAMBI	RA APTS) APT 3F			
MALI	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 67	If Under 1 Yr. If Under 24 H Months Doys Hours Min.			
one during IT	OCCUPATION (Give kind of wark hast of working life, even if retired) ANAGER	TOB. KIND OF BUSINESS OR INDUST FUR CLEANERS	RY 11. BIRTHPLACE (State or foreign country) NEW YORK	12. CITIZEN OF WHAT COUNTRY?			
3. FATHERS	ISRAEL AXEBRO	D	14. MOTHER'S MAIDEN NAME CELIA ?				
5. Was Dec Yes, no or un	eased Ever in U. S. Armed Far known) (If yes, give war ar date	s of service) 16. SOCIAL SECURITY NO. 212-09-1360	17. INFORMANT MRS. BETTY AXEBROD 412	ADDRESS 8.6 W ROGERS AVENUE			
	oes not meon the mode of	dying, e.g., DUE TO					
DISEAS	citure, osthenio, etc. It meons to complication which coused ANTECEDENT CAUSES (ES OR CONDITIONS, if to the obove couse (A) (LYING CONDITION tost,	the disease, death.) (B) A DUE TO	SHD ronary Insufficiency	1 month			
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24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION

HEBREW FRIENDSHIP 11/23/65

BALTIMORE

(Stote) (City, town, or county) MARYLAND

25C, FUNERAL DURECTOR BROS. INC. 6010 REISTERSTOWN RD

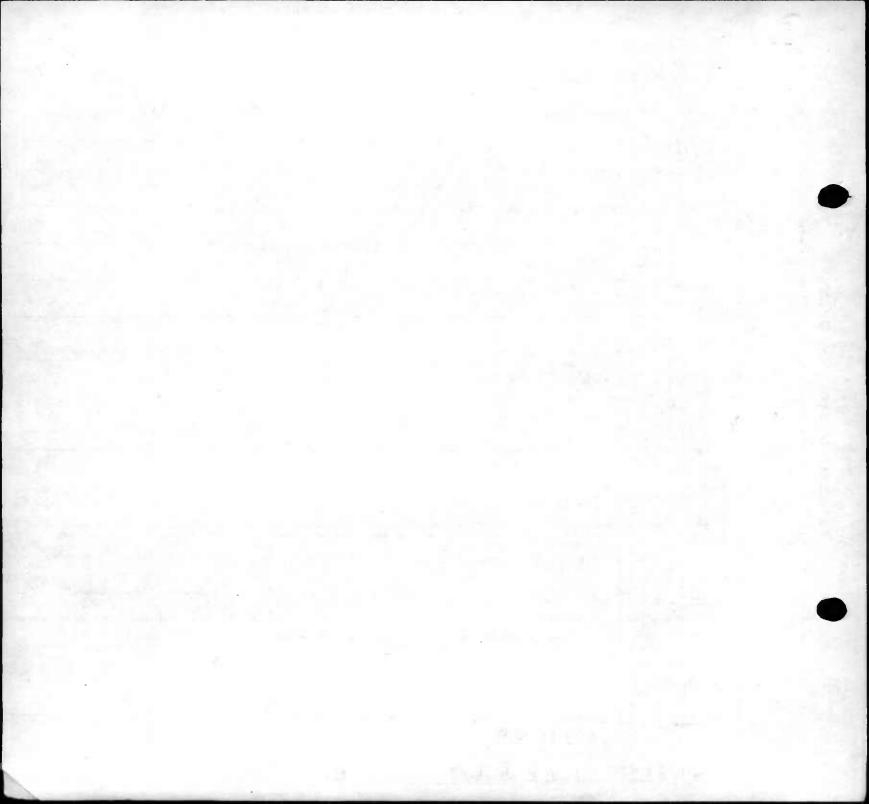
VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No.	65 12007
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	JICKER	11	To deceased lived. If in	1:02 AN
FOLL NAME OF (If not in hospital or instituting the second of the second	on, give street	Mary an	ITY	100
P	SHERAL	Batim D. STREET ADDRESS (III	rurol, give location)	
	IED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINE done during most of working life, even if refired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of servi	16. SOCIAL SECURITY NO.	17. INFORMANT HORRITA	l Chart	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE	OF DEATH.	L 15 4.	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar complication which caused death.)	a s e,	E	mplysem	9
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given in the above cause (A) stating UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	TING THE	20A. AUTOPSY? (Yes or No	D) 20B. IF YES, WERE FIT	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg. INJURY OCCUR?		City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not White At Work At Work		URY OCCUR?	
22. 1 certify that (1) (this hospital) attended that (1) (we) lost saw the deceased alive	ed the deceased from	11:15	19 S to	on death occurred on the date
ond hour ond from the couses stoted obove	M.D. A	tending Med. Director	Stolf Phys.	23 B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	A NMP	TOMY BOARD	OF MARYL	AND
24A. BURIAL CREMATION, 248. DATE 24. NOV 19 198	5 UNIT	VERSITY MEDI	CAL SCHOOL	town, or county) (Stote)
1	ME OF REGISTRAR	MORTUAR	X SERVICE	BCHD"

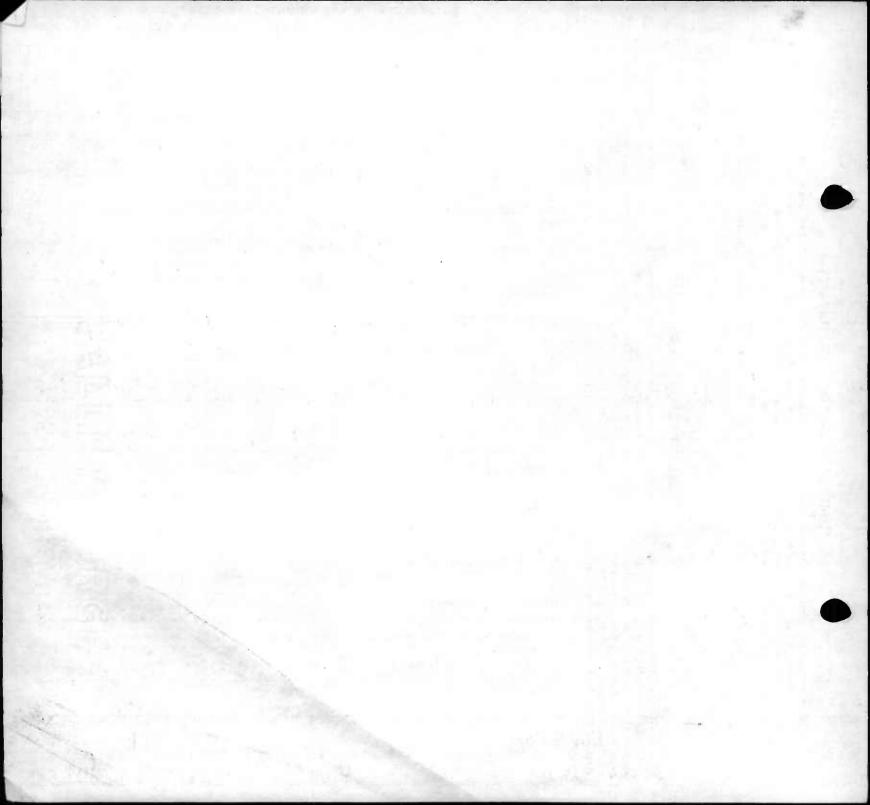


IMPORTANT DIRECTOR: FUNERAL

RTIFICATE OF DEATH pital and of death Such (5) Deceased M.E. CASE NO I. NAME OF DECEASED (Type or Print) LO hospital death. 3. PLACE OF DEATH IN BALTIMORE, 4. USUAT attendance COUSE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN 0 Undetermined cause; 0 _= prior contributing death occurred disposition is made. in regular 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) 65 kind of work 10B, KIND OF BUSINESS OR INDUSTRY IOA, USUAL OCCUPATION (Give done during most of working life, even if retired) Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME (4) assistant LO death kind; 15. Was Deceased Ever in U./S. Armed Forces 6. SOCIAL or final (Yes, no or unknown) III yes, give SECURITY NO. the attendance any pronounced or his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It meons the diseose, examiner regular examiner. injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating the 3 = UNDERLYING CONDITION last, physician before the remains the chief medical Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where to the hospital °N MEDICAL DEATH (notify medical examiner) any nature; approved by obtained 21 D. TIME 21E INJURY OCCURRED (Month) (Doy) (Yeor) (Hour) 9 OF INJURY (except Not While While At (APPROX.) and Work Al Work 22. I certify that (I) (this hospital) attended the deceased from....... death); 99 that (1) (we) lost saw the deceased alive on. of hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. he body was released must accident 23A. SIONATURE must Attending Phys. -Med. Stoff 10 Director Phys. approval 0 23C. PHYSICIAN'S NAME IType 23D. ADDRESS certificate prior at An M.D. was D.O.A. 24A. BUPIAL CREMATION, 24B. DATE eceased 24C, NAME of CEMETERY AT CREMATORY written shows: ERSITY WE SECTO 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: STATE

B. COUNTY residence before odmission) (If outside city limits, write RURAL and give township OR (If rurol, give location) If Under 24 Hrs. Hours Min. 9. AGE (In years If Under 1 Yr. Months: Doys Hours lost birthdoy) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY ONSET AND DEATH FAILURE 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 238, DATE SIGNED ADDRESS



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This certificate must be approved by the chief medical examiner

the body was released to the hospital by a medical

prior

disposition is made.

embalmed or final attendance

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be obtained

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was D.O.A. at a hospital

CERTIFICATION

MEDICAL

regular

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(6) No physician was

BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. 65 12009 CERTIFICA	TE OF DEATH Registered No. 00
Type or Print) TUEY N. Hammond.	S NOU 23-1965
FULL NAME OF HOSPITAL OR INSTITUTION PAGE OF DEATH IN BALTIMORE MARYLAND (If not in hospital at institution, give street address or lacetion) (If not in hospital at institution, give street address or lacetion) (If not in hospital at institution, give street address or lacetion)	4. USUAL RESIDENCE (Whore deceased lived, If institution: residence before admission) A, STATE B, COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) BALTIMORE D. STREET ADDRESS (If rurol, give location) 1243 N. BENTALOU SA
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yours CCT. 16-1900 9. AGE (In yours Months Days Hours Min.
done during most of working life, even if retired) Ret. working life, even if retired)	11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
DANIEL HAMMONDS	MITTE REFUES
15. Was Deceased Ever in U. S. Armed Farces?	MURTLE HAMMONDS 1243 N. BENTALOW
DISEASE OF CONDITION DIRECTLY	

injury or complication which coused death,) Coronary Artery Hout Disen ANTECEDENT CAUSES OR CONDITIONS, if ony, giving obove couse (A) stoting the UNDERLYING CONDITION lost.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, form, factory, streat, affice bldg., INJURY OCCUR? DEATH (notify medical examiner)

(If in Boltimora City, give exact location)

21 D. TIME (Month) (Day) (Your) (Hous) 21E, INJURY OCCURRED OF INJURY While At (APPROX.) Work

Not White At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on.

ond that in(my) (our) opinion death accurred on the date

and hour and from the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

Mark	Drillips
23C. PHYSICIAN'S	

Attending Phys. 23D. ADDRESS

	1 1
hys.	
	hys.

23B. DATE SIGNED

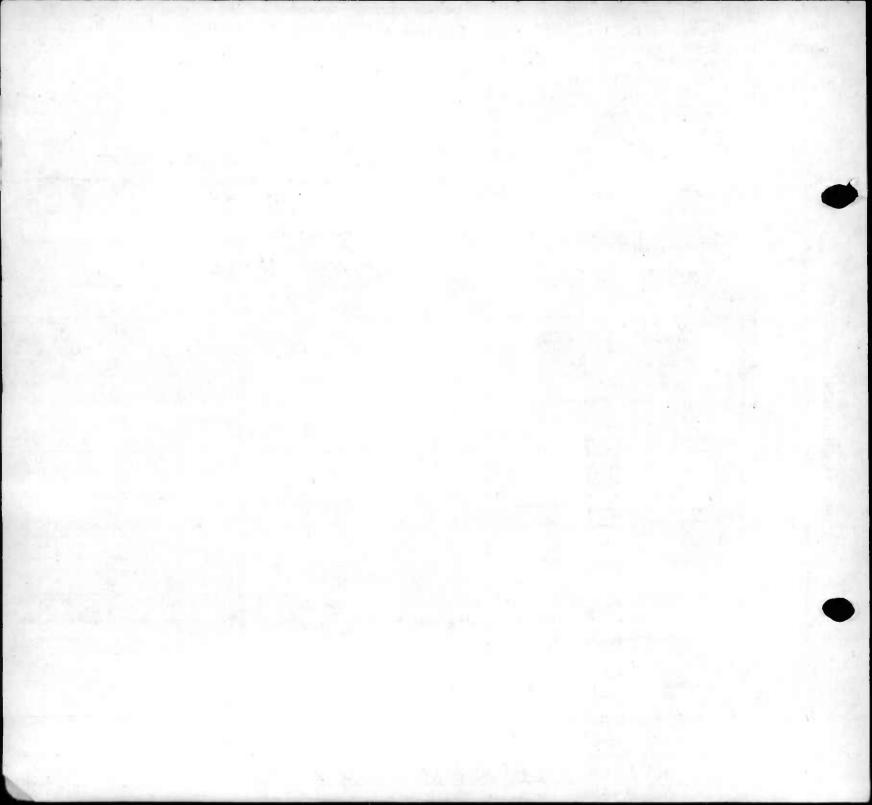
24A. BURIAL CREMATION.

REMOVAL (Specify)

PRBUTUS MEM. PARK

Med. Director

VS 150-REV. 1/1/65



		DARTH DELYMENT	1			4 - 1 - 1 - 1 - 1
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	(),)	12010

M.E. CASE NO.							
1. NAME OF DE	CEASED Louise				2. DATE AN	D HOUR PRONOUNCE	D DEAD
	ANN A DIPPE				1	November 196	
	TIMORE, MARYLAND, V			A. STATE	ryland	deceased lived. If insti B. COU	tution: residence belare odmiss
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	C. CITY OR TO	WN (If autsid	7	RURAL and give township)
-2	Johns Hanthins	Hoonit	o 1			- rural Kin	gsville Md.
2	Johns Hopkins	- HOSPIL	a I	D. STREET ADD	eradale		53-0
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	тн	9. AGE (In years last birthday)	II Under 1 Yr. II Under 24 H Months, Days, Hours, Mi
female	caucasian	1991201111	Married	May 27,	1943	22	
	CUPATION (Give kind of wo working lile, even if retired)	THOR KIND O	F BUSINESS OR INDUST	RY II. BIRTHPLACE	(State ar foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
Stenograp	her	U.S. G	overnment	Baltimore	Maryl	and	USA
	Martin Dippe			Ann Leno	ir		
	ED EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
No			218-42-7261	Albert M	. Dippe	1 Sherdale I	r. Kingsville M
1B. /-	12 11.			SE OF DEATH			INTERVAL BETWEE
DISE	ASE OR CONDITION D	IDECTI V					ONSET AND DEAT
DISEA	ASE OR CONDITION D LEADING TO DEAT	H	Comp	ression of	cervic	al spinal co	rd
(This does	nat mean the mode a e, asthenia, etc. It mean	dying e.g.,	DUE TO	L COOLON OL		ar opinar co	
injury ar co	omplication which caused	deoth.)	A (10 C) 14 I				
	ANTECENDENT CALLS	EC	Eng	atumo of a	orusi o o 1	wortobree	
	OR CONDITIONS, IF		(B)	cture of co	ervicai	vertebrae	
RISE TO TI	HE ABOVE CAUSE (A) S	TATING THE	DUE TO				
	ING CONDITION LAST.		(Cl				
<u> </u>			/ W-100000110011001101		***************************************		
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTI	NG				
TO THE	DEATH BUT NOT RE	LATED TO					
-	F OPERATION 198. COI		WHICH OPERATION	20A AIITOPS	72 (Yes or Not	208. IF YES, WERE FIN	IDINGS CONSIDERED
0 0	WAS PE	REORMED	WHICH OFERATION	no	r (res ur ivui	IN CERTIFYING CAUS	
UNDERLYING	CAUSE WAS	21 B,	PLACE OF INJURY (e.g., form, factory, street,	alfice bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimare City, giv	e exoct location)
	USE OF DEATH.	etc.l	street			d Cheryl Ave	53-00
21 D TIME	(Month) (Day) (Yes	or) (Hourl 1	TE. INJURY OCCURRED		OW DID INJI	- 4	
	v. 20, 1965 1	:40 am.	WHILE AT NOT	WHILE X pa	ssenger	in auto-aut	o collision
22.	rtify that I held on	Inquiry 🗌	Inspection X A	utopsy On	d that an th	is bosis, death in m	y opinion
	Ited from: Notural co	[]	Accident X Suici			Indetermined manne	
	/		The state of the s		EDICAL EX		
ACTUA		irles S	Touts "	D. ASSISTANT M			DATE SIGNED
EXAMI	NER'S			ASSOCIATE N		pro-	44 100 100
	(Type) Charles						11/20/65
REMOVAL (Speci	EMATION, 238. DATE		C. NAME of CEMETERY		F 100	OCATION (City,	tawn, or county) (Stote)
Burial		3, 1965	Holy Redeeme			timore, Mary	
AA. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS
N	UV 2 4 1300 ()	of rest o	, starbura	Dippe	1 Broth	era Inc. 180	O Belair Rd 212
/S 151-REV. 1/1.	165 1 8 6	0			. ec. be		

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Albert D. Gropal Readels Dr. Kingsville mi

BIRTH NO. 65 120 MEDI	CAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	red No. 65 12011
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ADAM Sud	or Sudnikevi		D HOUR PRONOUNCE	
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD LL OR INSTITUTION, GIVE STREET TION)	4. USUAL RESIDENCE (Where A. STATE Maryland C. CITY OR TOWN (II outside Baltimore D. STREET ADDRESS (II rurol,	deceased lived. If insti B. COU le corporate limits, write	RURAL ond give township)
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify) Never Married	B. DATE OF BIRTH	9. AGE (In years lost birthday) 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
toa. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) Tailor 13. FATHER'S NAME	Clothing Business	Russia 14. MOTHER'S MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY?
Unknown 15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (II yes, give wor or dole No		IT. INFORMANT Anthony Uchuck	nknown	ADDRESS
(This does not meon the mode of heard loilure, ostherio, etc. It means injury or complication which coused at ANTECENDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	dying e.g., DUE TO the disease, geoth.) S NY, GIVING DUE TO DUE TO ATING THE	iocerebral Injury		
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	ATED TO THE IT. DITION FOR WHICH OPERATION ORMED	20A, AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	SES OF DEATH? Yes
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Yeori OF INJURY (APPROX.) 11 19 65	home, lom, foctory, street, HOME (Hour) 21E. INJURY OCCURRED WHILE AT NOT	office bldg., INJURY OCCUR?		
22. I certify that I held on Ir resulted from: Natural cau ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles	Inspection Au	ond that on the Homicide CHIEF MEDICAL EXASSISTANT MEDICAL EXASSOCIATE MEDICAL EXASSOC	XAMINER X	
REMOVAL (Specify) Burial 24A. DATE REC'D BY HEALTH DEPT. NOV 2 4 1965 VS 151-REV. 1/1/65		Cem Elki 24C. FUNERAL DIRECTOR	ridge, Maryl	

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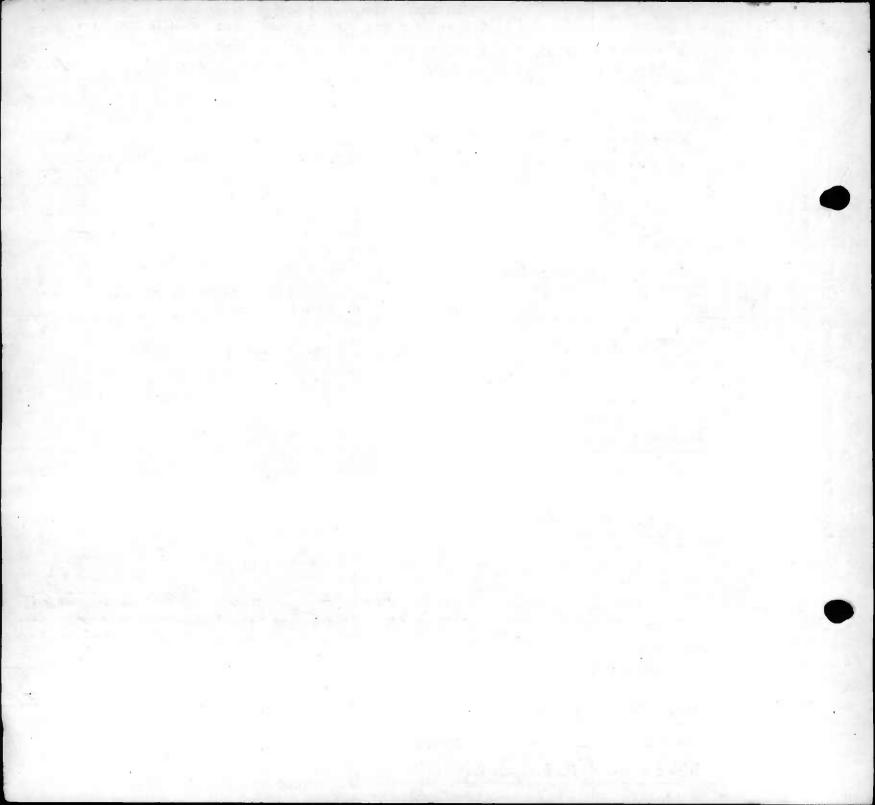
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BALTIMORE CITY HEALTH DEPARTMENT 12012 Registered Na. 55 CERTIFICATE OF DEATH RIPTH NO M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH IN BALTIMORE, MARYLAND institution: rosidenco FULL NAME OF (If nat in hospital or institution, give street HOSPITAL OR oddross or location (If outside city limits, write RURAL and give township) INSTITUTION give location) mad 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Und If Under 24 Hrs. 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? LACE (State or foreign country) isposition done during most of working life, even if retired) none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T 15. Was Deceased Fer in U. S. Armod Forces?
(Yes, no or unknown) If yes, give war or dates of sorvice) 6. SOCIAL Juneau Place 21214 final SECURITY NO. Leonard Eisinger no none Mr. 1B. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., bal hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death. em ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, remains П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Bussi 218 PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID homo, form, foctory, stroet, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) DEATH (notify modical examinar etc.) EDI (Hourl obtained 21 D. TIME (Month) (Doyl (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work nov. 22. I certify that (1) (this haspital) attended the deceased fram nur. 19 6 3 that (1) (we) last saw the deceased alive an and that in (my) (aur) opinion death accurred on the date be and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. must 23A, SIGNATURE 23B DATE SIGNED Attending Med. Stoff Phys. Phys. Diroctor approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify) written 11/26/65 Baltimore Cemetery Baltimore Maryland 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR HENRY SANDER & SONS INC. VS 150-REV. 1/1/65



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(4) Undetermined cause; (5) Deceased

hospital

death

assistant

BALTIMORE CITY HEALTH DEPARTMENT 12013 Registered No. 65 CERTIFICATE OF DEATH BIRTH NO M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 11123165 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY C. CITY OF WHY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) Defenols inou Memorino No prior D. STREET ADDRESS (If rurol, give location) CONSOL BLOOD MOO made 9. AGE (In years If Under 1 Yr. Months: Doys S. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE deceased WIDOWED, DIVORCED (specify) Mice 11/12/95 Marrieda 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition BALTO. SAFETY Redirople DIRECTOR U.S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the FRANK 0 15. Was Deceased Eyer in U. S. Armed Forces? ADDRESS 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. final 219-30-4968 E. ROSTMEYER (SAINE res MRS. ANNA W INTERVAL BETWEEN OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH amound (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, rise to the above couse (A) stoting the UNDERLYING CONDITION last. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CiDice 1964 before 218. ACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? U 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc. MEDI be obtained (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Doy) (Year) OF INJURY Not While While At (APPROX.) At Work Work 11/20/65 11/23/65 22. I certify that (1) (this hospita) attended the deceased fram. 11/23/65 .19... that (I) (we) last saw the deceased alive an..... ond that in (my) (our) apinion death accurred an the date and hour and fram the causes stated above. (1) (We) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. M.D. Phys. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) O. Boone M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) /26/1965 Parkville, Balto.Co.,

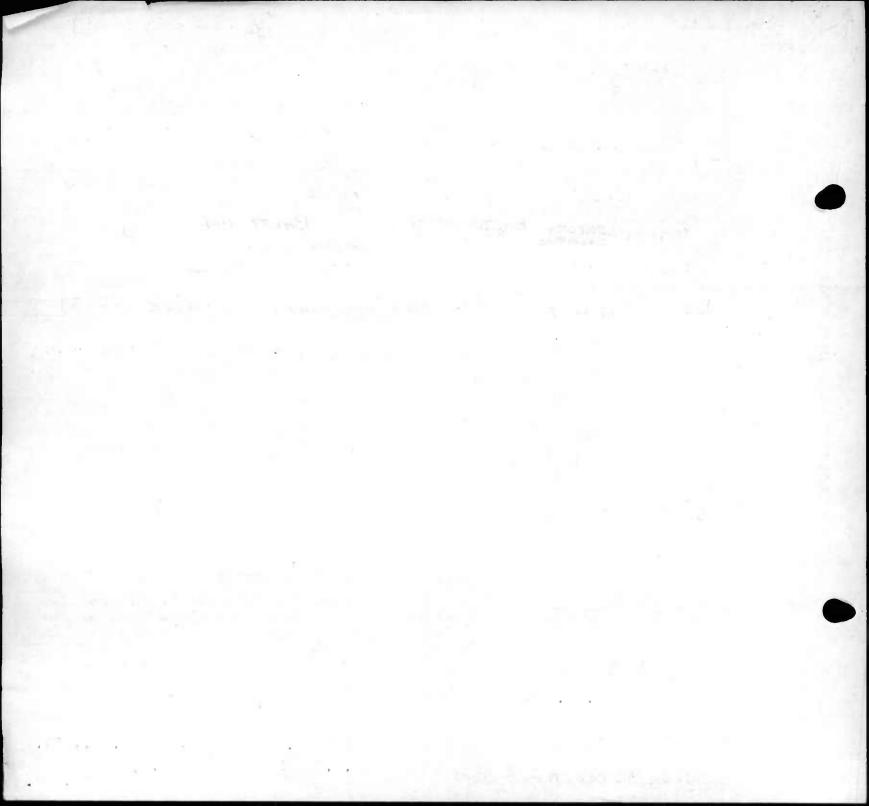
SO

Hours

If Under 24 Hrs.

death ance any pronounced attend of fracture ar regul ho 4 3 3 physician Was medical burns; physician Body the O to the hospital by (2) where °N any nature; 9 (except ; and eath) of hospital the body was released An accident 0 40 0 prior at eceased was D.O. shows: Moreland Memorial Pk. Pa:
OF REGISTRAR

PS. FUNERAL DIRECTOR
H.W. Jenkins 4905 York Road 2SA, DATE REC'D BY HEALTH DEPT. 25 B. NAME OF REGISTRAR & Sons Co. 70 Baltimore 12. Md. VS 150-REV. 1/1/65



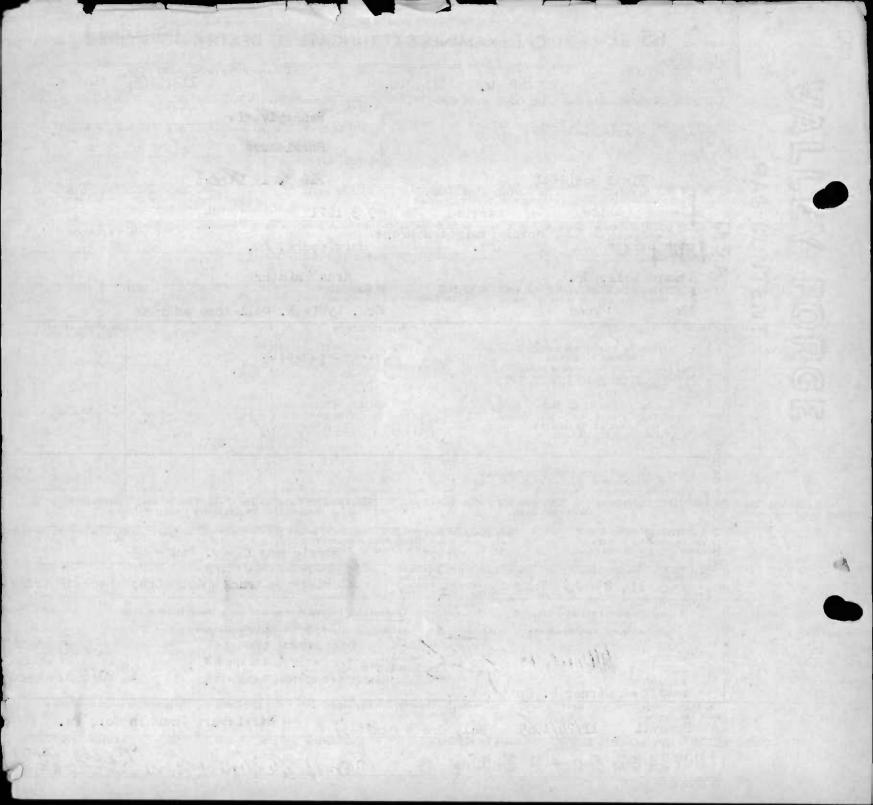
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BALTIMORE	CITY	HEAL	TH	DEPA	RTMEN	T

	C	5 400	4 4		IMORE CITY HE				65 12	2014	
BIRT	H NO.	J LAU.	MEDICA	AL EXA	MINER'S	CERTIF	CATE OF	DEATH Regi	stered No		
	CASE NO.						1		NATE OF A		
	NAME OF DE	CEASED	EDW	IRD W.	BELL, J	R.	2. DATE AN	D HOUR PRONOU	/23/65	3:4	5 a.
3. P	LACE IN BAL	TIMORE, MARY	LAND, WHERE	PRONOUNCE	D DEAD	4. USUA A. STAT	L RESIDENCE (Where	deceased lived. If	institution: resi	dence befor	re odmission)
FU I	L NAME OF SPITAL OR TITUTION	(IF NOT II ADDRESS	N HOSPITAL O	R INSTITUTION	I, GIVE STREET		Pennsylva or town (If autsid Harrisbu	ania e carparote limits, v		nd give tax	wnship)
	112					D. STREE	T ADDRESS (If rural,	9	7		
-	760	Sinai H	ospital				216 s. 1	9 Street			
5. S	EX	6. RACE	7. A	AARRIED, NEV		8. DATE		9. AGE (In yes			Inder 24 Hrs. aurs , Min.
	male	whit	e	Marr	ied		1921	last birthdoy)	Manins	Doys	Jurs Willia
	during most of Truck I	river	kind of work 10B. if retired) MC	tor Fre	ight Expr	Har	PLACE (State or foreign Participal) PLACE (State or foreign Partic	3.	12. CITIZ	EN OF	RY?
	Edward	Bell,	Sr.			F	rna Painte				
15,1			S. ARMED FOR		OCIAL	17. INFOR			ADDRES	S	
(Yes	No ar unknowr	3.7	one	service) S	ECURITY NO.	Mrs.	Lydia E. Be	ell same a	ddress		
CERTIFICATION	(This daes not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or camplication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)										
TIFI	DISEASE C	R CONDITION	NOT RELATE	10 1112							
CER	2 DATE OF	OPERATION	WAS PERFORA		CH OPERATION	20A. A	UTOPSY? (Yes ar Na)	IN SERSIFYING C			D
MEDICAL C	OF INJURY (APPROX.) 11 23 65 3:12 a WHILE AT X NOT WHILE AT WORK AT WORK					ute 83	5.	of truck			
		L URE WENTER'S	Id on Inqui aturol causes When I		dent Suice	D, ASSIST		CAMINER &	onner .		SIGNED
	BURIAL CRI	MATION, 23E	A DATE	23C. NA	AME OF CEMETER	Y or CREMA			City, town, or		(State)
	Remov		1/24/196		ly Cross		У	rrisburg D			ra.
24/	. DATE REC'D	BY HEALTH	DEPT. 24	B. NAME OF R	EGISTRAR	24C.	FUNERAL DIRECTOR			ADDRESS	1 1 1

VS 151-REV. 1/1/65

14 869.2

NOV 24 1965 Robert E. Farlyn On Honly. Dichner Son Bulton Michael



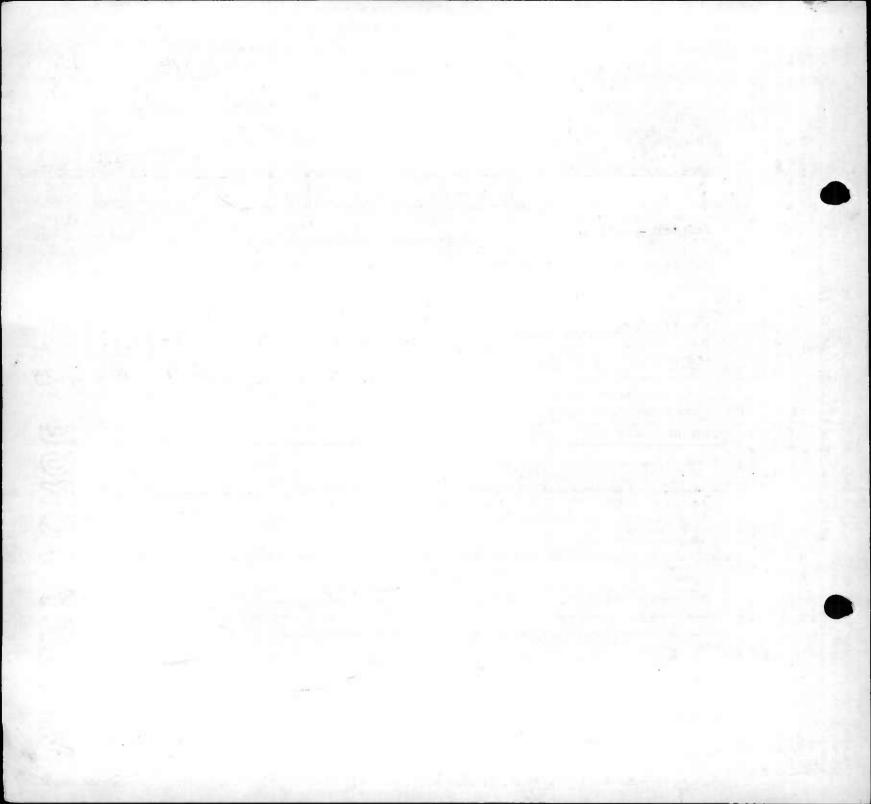
BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. 65 12015 CERTIFICA	TE OF DEATH Registered No. 65 40046
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print Salyers Navon	11/23/65 8:30 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Waryland 2-04
HOSPITAL OR oddress or location)	C. OTT OR TOWN (If outside city limits, write RURAL and give township)
Manyland General Hospital	Datmore
HO Balt. Marsela d	D. STREET ADDRESS (If rural, give lacation) 2 1/2 // 8 // 2005 1218
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED	All S IV CRIVE VEZ
WIDOWED, DIVORCED (spedify)	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY
Painter - Retired	14. MOTHER'S MAIDEN NAME
Uhlan Salvan	Terrop.
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, go or unknown) (If yes, give wor or dates of service) SECURITY NO.	H-2 (0.+.
IB. CAUSE OF	F DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	DOMINAL CARCINOMATOSIS
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	OMINAL CARCINOMATOSIS CUNOMA RO LUNG REJECTED
injury or complication which caused death.)	anoma (12) Land, resected
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the (C)	
UNDERLYING CONDITION Iasi.	
Z STUSS SOUTH AND SOUTH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UISEASE OR CONDITION CAUSING IT.	
U 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1 MO. AGO WAS PERFORMED CA, LUNG	yes yes
OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE	n ar about 21C. WHERE DID (If in Baltimore City, give exact lacation) ffice bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?
(APPROX.)	
22. I certify that (I) (this hospital) attended the deceased fram	11(2(1) 10 (1/2) 19 5.
that (I) (we) last saw the deceased alive an	3 19 and that in (my) (aur) apinian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (dld nat) v	
23A SIGNATURE M.D. AHE	ending Med. Stoff Med. Stoff
V. Harran VI Was Phy	s. Director Phys.
NAME (Type)	23 D. ADDRESS
M.D.	TAATON OO LOCATION OO
24A. BURIAL CREMATION, REMOVAL (Specify)	
Removal 11/25/1965 Highland Park C	emetery Paintsville, Kentucky

2SC. FUNERAL DIRECTO

Paintsville, Kentucky ADDRESS

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

65 12016

BIRTH NO. 65 12016

BIRTH NO. 65 12016

M.E CASE NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1. NAME OF DECEA	SED	0	2. DATE ANI	HOUR PRONOUNCE	DEAD
(Type ar Print)	CHARLES (MIN	NER . Sm	No	vember 19, 1	965 2:40 PM.
3. PLACE IN BALTIM	ORE MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution residence before odmission)
CEKIH	HE NOT IN HOSAT	AMENDED	Maryland		1200
HOSPITAL OR	ADDRESS OR LOCA		C. CITY OR TOWN (If outside Baltimore		RURAL and give township)
FOC			Datelmore		53-00
-300 1	West Frankl:	in Street	D. STREET ADDRESS (If rurol,	*	
Cong:	ress Hotel		5223 01d	Frederick Re	d
5. SEX 6.	RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Epecify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
male	white	MANNIO-R	11/128/95	70 71	
IDA, USUAL OCCUPA	ATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (State ar foreig		12. CITIZEN OF
dang during mast of war	king life even if retired)		1 / mil		WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		1
Dog	neo.	Minnon	Xun en .	Mr (1.	++11
	EVER IN U.S. ARMED	FORCES? 16. SOCIAL	M. INFORMANT	" Ca	ADDRESS /
(Yes, no ar unknawn) (If	yes, give war ar dote	s of service) SECURITY NO.	17 1	-10 21	1 Ulkanal
		0 0 111	1 row, Keste	Ny. Erac	el (Lame)
18. 422	/ 1	CAUSE	OF DEATH	1	ONSET AND DEATH
	OR CONDITION DI			V	
(This does not	EADING TO DEATH mean the mode of	dving e.g., (A) AILE	riosclerotic card	liovascular d	lisease
heart toilure, os	sthenio, etc. It means lication which caused	the disease.			
4					
	TECENDENT CAUSE CONDITIONS, IF A	(B)		***********	
RISE TO THE	ABOVE CAUSE (A) ST				
	CONDITION LAST.	(C)			
2	11				
OTHER SIGNIE	CANT CONDITIONS				
DISEASE OR C	ATH BUT NOT REI				
OTHER SIGNIF TO THE DE DISEASE OR O	PERATION 198 CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar Na)	20B. IF YES, WERE FIN	
. 100			no		
21A. EXTERNAL OUNDERLYING OUTING CAUSE		21 B. PLACE OF INJURY (e.g., hame, form, factory, street,	in or obout 21C. WHERE DID	If in Baltimare City, give	e exact lacotian)
TING CAUSE	OF DEATH.	etc.)			
E 21D TIME (/	Month) (Day) (Year	Hour) 21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX.)		WHILE AT NOT AT W	WHILE		
22. 1 certify	y that I held on I		topsy ond that on thi	s bosis, deoth in my	y opinion
	d from: Natural co			Indetermined monner	
	10.1		CHIEF MEDICAL EX		
ACTUAL	- /(N)	Sester y L	ASSISTANT MEDICAL EX		DATE SIGNED
SIGNATUR	1		ASSOCIATE MEDICAL EX		
NAME (Ty	pe) Rudiger	Breitenecker, M.D.			11-19-65
23A, BURIAL CREMA	ATION, 23B DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LO	OCATION (City,	tawn, ar county) (State)
Burio	L 11/23	135 New Ca	the break_	Dallo	, mel
24A. DATE REC'D BY	HEALTH DEPT.	1248 NATH OF REGISTRAR	24C. FUNERAL DIRECTOR	1	ADDRESS COLIO
NOV 22	1955 00	O TINE C	1/0 1/1071	11/1	18 Page To
11000000	LIDOS GILL	TO STATE OF THE ST	1 Very 1	1 - TTO	is willen aso

V.S. 153 11-24-65 M.H. Q TI

date , singular attaches the Missbert Beredtis - 1910 S Breect, N. A. J. Araco Checks (9. - 112 U.S.) F. C.

M Nagara 1611 Homester 1611 E Microsoft 1611

	A PER SU				BAL	TIMORE CITY	HEALTH DEP	ARTMENT				
BIRTH	I NO.	615	400	140	CF	RTIFICA	TE OF I	DEATH	Register	ed No		
	CASE NO.	EACED DE	16	113		ICTII TO/C	11. 01 6		AND HOUR OF	DEATH 6	5 12019	_
(Туре	or Print)	40	JUN		2, W1	LLIAM	•	11-	-23-65		1335/ A	M.
3. PL	ACE OF DE	ATH IN BALTIA	MORE, MAI	RYLAND			4. USUAL RE	SIDENCE (WI B. COL		ved. If instit	lution: residence before admissio	n)
FL	JLL NAME (in hospital a		n, give street		Man C. CITY OR 1	yland	. Ba	Milliam	RAL ond give township)	
IN	STITUTION	115	- (42.	4	1 4	Ba	Himo	re		53-00	
3	1 100	eltino	rec	149	640261	781	D. STREET AL	34 D	If rural, give loca		+ RL	
5. SE	X	6. RACE			D, NEVER M		8. DATE OF B	IRTH	9. AGE (In ye	ors	If Under 1 Yr. , If Under 24 H	rs.
	M	W			P DIVORC		10-10	7-04	lost birthdoy	1	Aonths Doys Hours Min.	
		UPATION (Give warking life, eve		10B. KIND	OF BUSINESS	OR INDUSTRY	11. BIRTHPLA	CE (State or fo	reign country)		12, CITIZEN OF WHAT COUNTRY?	
	self-1	mploye	1	Lum	be bus	linen	Bal	timere	, Md		U.S.	
13. F	ATHER'S NA	ME					14. MOTHERS	MAIDEN N	AME			
	50	UYAL	Jour	12					Hage	9		
15. W	as Decease	d Ever in U. S.	Almed Fore	· s	1 6. SOCIA	AL RITY NO.	17. INFORMAL	NT RECOR		4940 E	Laster PRAvenue	-
(163,	NO	m) (II yes, give	way or dose	S ON SETVICE	217-8	8-4895	1	Kat	Lerine		nore, Md. 21224	
	IB. 44.	12 V I				CAUSE O	FDEATH			1	INTERVAL BETWEEN ONSET AND DEATH	
	DISEA	SE OR COND		ECTLY		CY	-0010	. 0.	acv		L1 1	
	(This does	LEADING TO		dvina e	0	(A)	EBSIS	- 2H	OCK		7 cays	
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,											
	ANTECEDENT CAUSES (B) Probable Subarneh. Hemorr 14 Lay							14 Lour	-			
		ANTECEDENT	CAUSES			DUE TO				•	VV	
	rise lo t	OR CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION	ouse (A)			(c) Hyp	ertensu	r C-	was v.	n	? \ year	
-	ONOEKEIN	II.	1031,			-		-1.05				
ATION	TO THE	III IIFICANT CON DEATH BUT CONDITION	NOT RELA	TED TO								
U		F OPERATION	198. CON	DITION FO	R WHICH OF	ERATION	20A. AUTO	PSY? (Yes or			IDINGS CONSIDERED	_
ERTIF	2 -	•	WAS PERF					es		les	ES OF DEATH?	
U	OR CONTRIB	ENT WAS UND UTING CAU y medical exam	SEOF	1	PIB PLACE Of tome, form,	F INJURY (e.g., in actory, street, of	fice bldg. INJL	WHERE DID JRY OCCUR?	(If in	Boltimore (City, give exact location)	
0	21D. TIME	(Month) (De	oy) (Yeor)	(Hour) 2	1E. INJURY C	CCURRED .	21F.	HOW DID II	NJURY OCCUR?			-
5	(APPROX.)				While At	Not Whit At Work	e		-			
	22 1	1 (1) (1):					was bea	101	1965 to	Made	mbu 23 1965	-
						2 / 1/ PM		5		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	on death occurred on the d	
1 1										our) opinio	on death occurred on the d	ore
1 L			ouses stot	ed obove	(M°) (q	id (did not) v	iew the body	ofter deoth	٦,	- 10	OP DATE SIGNED	
1	3A. SIGNAT	OKE D	0 -			M.D. Atte	ending —	Med.	Stoff 🔻	2	3B. DATE SIGNED	
	Bu	~ 12· 1	Dem	de		Phy	5.	Director	Phys.		Nov. 53, 1965	
	NAME	Type)	NAN	3. (Bouton	1	AUE AUE	, Bay	O 73 L	Gash.		2
24A.	BURIAL CR	EMATION, 24B	DATE	24C	NAME of CE	METERY OF CRE	MATORY	24D.	LOCATION	n Ave.	fown, or county) (Stote)	4
R	REMOVAL	(Specify)	122/	5-1	260	Garage 1	Cemen	Tens 1	Balto (0	md.	
25A.	DATE REC'	D BY HEALTH	DEPT.	25B. NAM	E OF REGISTE	IAR .	25C. FUNI	ERAL DIRECT	OR C		ADDRESS	_
	NOV 2	4 1965 (D. B	AT	I Beu M.		Comm	illip 3	30 Mar	cea	ve, Belts. 21	
VS 1	50-REV. 1/1					1		1	-			-

75 25 25-11 146-1-124 (33-24) W. (3 example & symme Sant Marine Baltinate (The Holphal 49 th is drawn of H518 19 HO-10/ M colf-complayed humber business Baltomer. 11 st 16 Property Ceredo fourt -4-10P with that mot H SEPSIS+ SHOCK Probable Subserve Howard I'll Langue Hypertense C-4 surrow ? / year Montes Manual 18 - 18 Comment Marin Co. 18 Co. 18 Comment Marin Co. 18 Comment Marin Co. 18 C TEN IJ WHI Green & Contra CRIAN B BONTON ALLE BUS WILLIAM

Such

BALTIMORE (CITY HEALTH DEPARTMENT
BIRTH NO. 65 12020 CERTIFIC	CATE OF DEATH Registered No.
1. NAME OF DECEASED MARTHA LANCASTER	2. DATE AND HOUR OF DEATH
(Type or Print) (ancaster Martia	NOV)1 1965 1 8 50 1.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
UNION MEMORIAL HOSPITAL	A. STATE
HOSPITAL OR address at location)	C. CITY OR TOWN (If outside city limits, write RURAL and give fawnship)
Union Memorial Hospital	Baltimore Maryland BALTIMORE
44 33rd & Calvert St. Baltim	
5. SEX FEMALE 6. RACE WHITE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 2-13- 9. AGE (In years If Under 1 Yr. If Under 24 Mrs.
	WED 1 - / 13 / 1 b \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Sales Lady SALESLADY	Tennesee TENNESSEE WHAT COUNTRY?
13. FATHERS NAME JOHN WALLEN	14. MOTHER'S MAIDEN NAME
John Wallen	Susie Ann Nichols
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO No UNKNOEN	MRS. DORIS B. VANDEVEER 1105 Wedgewood Rd.212
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(A) (This does not mean the made of dying, e.g.,	refastalir adeno carcinom
hearl failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	of live and lyaph-rudes
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESCRIPTION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
NOV-9-1965 Was PERFORMED Lymple-nosle by	ODSA NOS
OR CONTRIBUTING CAUSE OF	g/in a about 21 C. WHERE DID , office bldg., INJURY OCCUR?
DEATH (natify medical examiner)	N ~
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Work Work	
that (N(we) lost saw the deceosed alive on NOV	
	the state of the s
ond hour and from the couses stated above. (17 (We) (did) (did not 23A. SIGNATURE	
, 12	Attending Med. Stoff TO
11aug Thi	Phys. Director Phys. Phys.
23C. PHYSICIAN'S KANG, FAN	D. UNION MEMORIAL HOSPITALOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 24D. LOCATION (City, town, or county) (Stote)

MEADOWRIDGE MEMORIAL PARK

BALTIMORE,

MARYLAND

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

HUBPARD FUNERAL HOME 4107 WITT

MEADOWRIDGE MEMORIAL PARK

24C. FUNERAL DIRECTOR

11/24/65

248, NAME OF, REGISTRAR

REMOVAL (Specify)

BURLAL

24A. DATE REC'D BY HEALTH DEPT.

HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229

BALTIMORE.

MARYLAND

ADDRESS

CONTRACTOR OF THE PROPERTY OF AND DURY OF STREET, ABUSE CO.

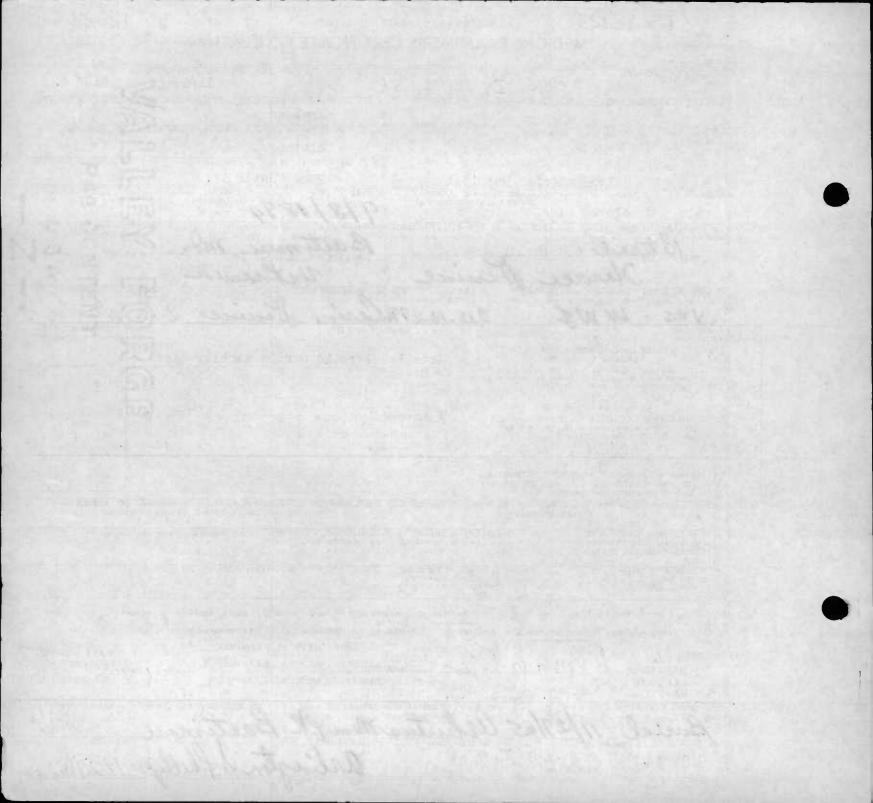
BALTIMORE CITY HEALTH DEPARTM	EN
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Registered	65	1202
Kegistered	1400	

(Type or Print)		2. DATE ANI	HOUR OF DEATH	
LOWARD JOH.	nson	20 No.	65	7:45 A
3. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where	deceased lived. If i	nstitution: residence before admis
FULL NAME OF (If not in haspital of hospital or oddress or lacotion institution	ar institution, give street n)			RURAL and give township)
3 UNIVERSITY	HUSPITAL	D. STREET ADDRESS (IF IN		16-03
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19		
MALE NEGRO	MARRIED (specify)	DEC 5 1917	AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Months Days Haurs Mi
10A, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
LUADERLABORER	575EL	MARYC	BWD	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .	
ROBERT JO	1×115111.	MANDE	- HAC	(
15. Was Deceased Ever in U. S. Armed Ford	ces? 16. SOCIAL	17. INFORMANT	1	ADDRESS
(Yes, no or unknown) (If yes, give war or date		11.	« Volen	S S
11B. 2 . / / V	CAUSE O	OF DEATH	c Volta	INTERVAL BETWEEN
DISEASE OF CONDITION DIR				ONSET AND DEATH
LEADING TO DEATH		STATUS AST	# 11.1 15 100 11	S G DAY
(This daes not meon the made of heart failure, asthenia, etc. It means	dying, e.g., DUE TO			
injury or camplication which coused				
ANTECEDENT CAUSES	(B)	**************************************	*********	*******
DISEASES OR CONDITIONS, II				
rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C)		*******	····
ONDERETHOS CONDITION IGST.				
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE			
	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
- IVA DATE OF OPERATION 175 CON.	FORMED		IN CERTIFYING CA	HISES OF DEATHS
WAS PERF	NIA	Yros	NI)
WAS PERF	21B, PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	NO	e City, give exoct lacation)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	NIA	n ar abaut 21C. WHERE DID	NO)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, lactory, street, of etc.)	n ar abaul 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimar)
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i hame, larm, lactary, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Now While	office bldg., INJURY OCCUR?	(If in Baltimar)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.)	21B. PLACE OF INJURY (e.g., in home, larm, lactory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not While Wark	office bldg., INJURY OCCUR?	RY OCCUR?	e City, give exoct lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. 1 certify that (1) (this hospital)	218. PLACE OF INJURY (e.g., in hame, larm, lactary, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not While Wark Ottended the deceased from	21 F. HOW DID INJURY	(If in Baltimar RY OCCUR?	e City, give exoct lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yearl) 22. I certify that (I) (this hospital) that (I) (we) last saw the decease	218 PLACE OF INJURY (e.g., inhame, larm, lactary, street, oretc.) (Hour) 21E INJURY OCCURRED While AI NAW While Work Wark Od alive an 22	21 F. HOW DID INJURY OCCUR?	(If in Baltimar RY OCCUR?	e City, give exoct lacation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stat	218. PLACE OF INJURY (e.g., in hame, larm, lactary, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not While Wark Ottended the deceased from	21 F. HOW DID INJURY OCCUR?	(If in Baltimar RY OCCUR?	e City, give exoct lacation) O
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Yearl) (APPROX.) 22. 1 certify that (1) (this hospital) that (1) (we) last saw the decease	218 PLACE OF INJURY (e.g., inhame, larm, lactory, street, oretc.) (Hour) 21E. INJURY OCCURRED While AI Now	21E. HOW DID INJU	RY OCCUR? OLA ta 2 t In(my) (corr) api	e City, give exoct lacation) 19 inian death accurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes stat	218 PLACE OF INJURY (e.g., inhame, larm, lactory, street, oretc.) (Hour) 21E. INJURY OCCURRED While AI Now	21E. HOW DID INJU	(If in Baltimar RY OCCUR?	e City, give exoct lacation) O No J 19 4
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) 22. I certify that (1) (this hospital that (1) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE	218 PLACE OF INJURY (e.g., i hame, larm, lactary, street, a etc.) (Hour) 21E INJURY OCCURRED While AI Not Whill My York (I) attended the deceased from 1.20 and alive an 2.20 And above. (I) (***) (did) (dtd**) vice and above. (I) (***) (did) (dtd**) vice and above.	21E. HOW DID INJU	RY OCCUR? OLA ta 2 t In(my) (corr) api	e City, give exoct lacation) 19 4 inian death accurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (1) (this hospital that (1) (we) last saw the decease and haur and from the causes stat 23A. SIGNATURE	218 PLACE OF INJURY (e.g., i hame, larm, lactary, street, a etc.) (Hour) 21E INJURY OCCURRED While AI Not Whill My York (I) attended the deceased from 1.20 and alive an 2.20 And above. (I) (***) (did) (dtd**) vice and above. (I) (***) (did) (dtd**) vice and above.	21E. HOW DID INJURY OCCUR? 21E. HOW DID INJU 19	(If in Baltiman RY OCCUR? OCT. ta	e City, give exoct lacation) 20 No J 19 4 inian death accurred on the
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 D. TIME (Month) (Doy) (Year) 22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, [248, DATE	218 PLACE OF INJURY (e.g., i hame, larm, lactary, street, a etc.) (Hour) 21E INJURY OCCURRED While AI Not Whill My York (I) attended the deceased from 1.20 and alive an 2.20 And above. (I) (***) (did) (dtd**) vice and above. (I) (***) (did) (dtd**) vice and above.	21 E. HOW DID INJURY OCCUR? 21 E. HOW DID INJURY OCCUR? 10	(If in Baltiman RY OCCUR? OCT. ta	e City, give exoct lacation) O No 19 inion death accurred on the 23B, DATE SIGNED JO NO 16
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) 22. I certify that (I) (this hospital that (I) (wa) last saw the decease and haur and from the causes stat 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., i hame, larm, lactary, street, a etc.) (Hour) 21E. INJURY OCCURRED While AI Now While AI Or AI Art AI	21E. HOW DID INJU 21E. HOW DID INJU 19	(If in Baltiman RY OCCUR? OCT. ta	e City, give exoct lacation) 10
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 210. Time (Month) (Doy) (Year) 210. Time (Month) (Doy) (Year) 22. I certify that (I) (this hospital that (I) (we last saw the decease and haur and from the causes stat 23A. SIGNATURE 23C. PHYSICIAN'S 23C. PHYSICIAN'S	218 PLACE OF INJURY (e.g., i hame, larm, lactary, street, a etc.) (Hour) 21E INJURY OCCURRED While AI Not Whill My York (I) attended the deceased from 1.20 and alive an 2.20 And above. (I) (***) (did) (dtd**) vice and above. (I) (***) (did) (dtd**) vice and above.	21E. HOW DID INJU 21E. HOW DID INJU 19	(If in Baltiman RY OCCUR? OCT. ta	e City, give exoct lacation) 20 No J 19 inion death accurred on the 238 DATE SIGNED

ANTERNO ES Robber Johnson ATH Or Home P. H. Some 77-5 6-27 Apr 400 000 The Market of the same Proceed & gate on Sa England of Here and Flavoren & Phillips 1 3 1

65 12023 BALTIMORE CITY HEAL	TH DEPARTMENT 65 12023
	ERTIFICATE OF DEATH Registered No.
A.E. CASE NO. I NAME OF DECEASED Type of Print) JAMES T DEVINE S	R. 2. DATE AND HOUR PRONOUNCED DEAD 2:40 a.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. USUAL RESIDENCE (Where deceosed lived. If institution residence before admission) A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore
The Manual Manual Company	D. STREET ADDRESS (If jural, give location) 2000 Hunter St.
Union Memorial Hospital 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
male colored WIDOWED, DIVORCED(specify)	9/8/18/4 71
OA. USUAL OCCUPATION (Give kind of work 10% KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired)	Baltimare mg. WHAT COUNTRY?
Harnee Denine	Un Growin
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Ves WWL 2.12-10-279	Carine Devene 2000 Hunters
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	no IN CERTIFYING CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.l	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
22. I certify that I held on Inquiry Inspection Auresulted from: Notural couses X Accident Suicident SIGNATURE While Inspection Insp	topsy and that on this basis, death in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED
NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 11/27/65 Constitutions 24A. DATE REC'D BY HEALTH DEPT. NOV 2 4 1965 Particular 24B. NAME OF REGISTRAR	Mem. P.R. Baltemare Mo.
man harden cil dans	, bullete /12/11. Mr



MON

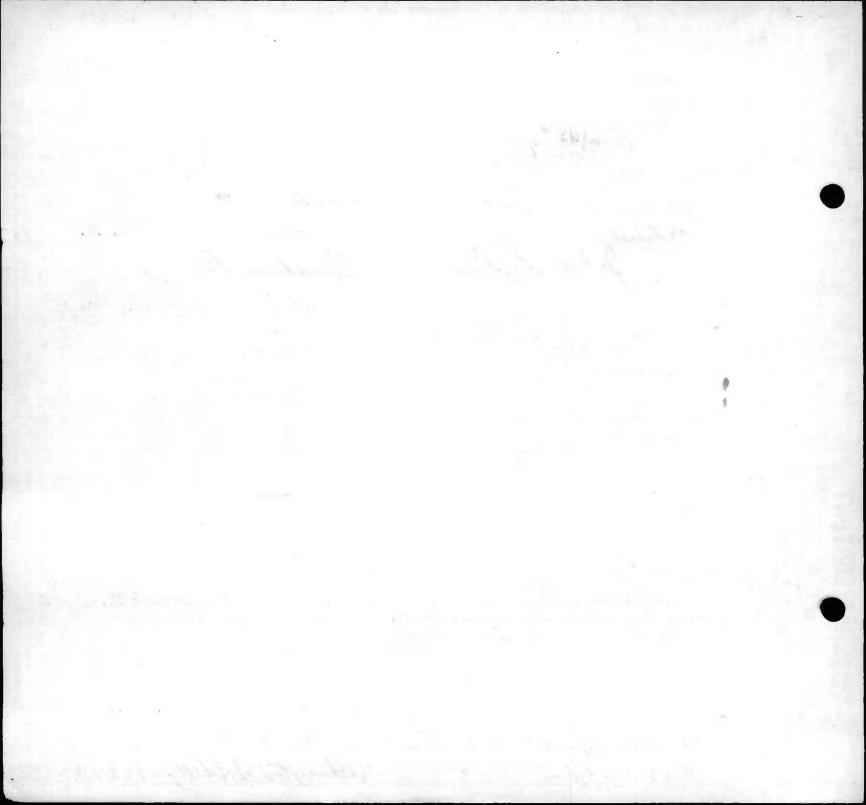
24A. BURIAL CREMATION, 24B. DATE REALONAL (Specily)

VS 150-REV. 1/1/65

accident of the body was released approval prior at An was D.O.A. deceased written ap shows: (1)

4940 Eastern Avenue, #21224 If Under 1 Yr. If Un Months Doys Hours If Under 24 Hrs. Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. RECORDS: BCH, 4940 Eastern Ave., #21224 INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 64 to November 21. 23B, DATE SIGNED Md. 4940 Eastern Avenue. Balto.,

before admission

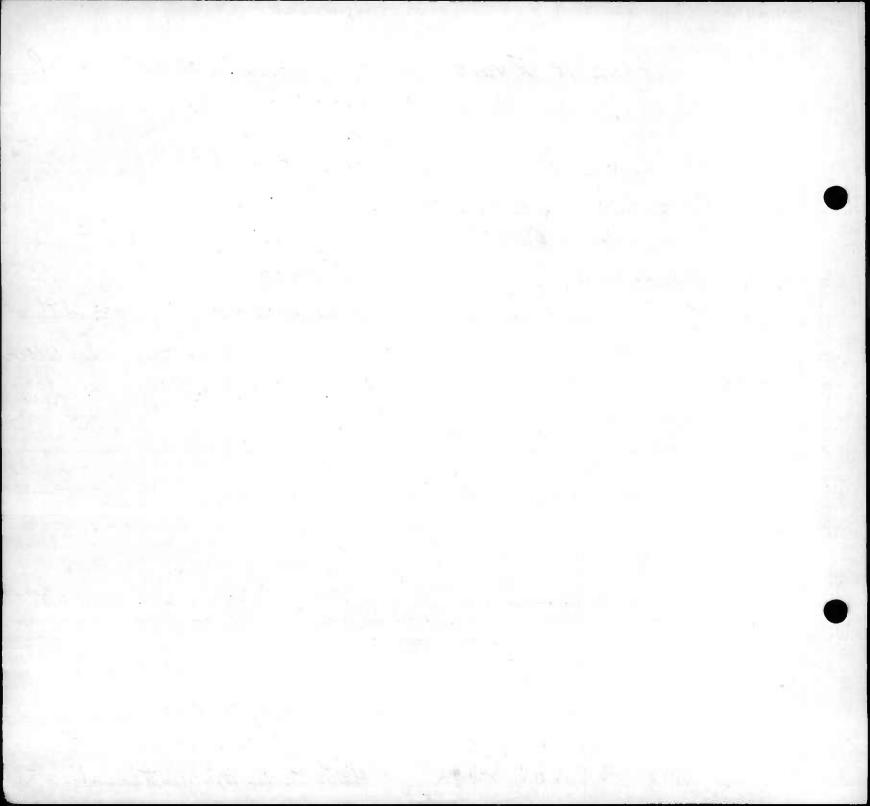


Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	65	1	21	12
g		40	-8.	7-1	18-13

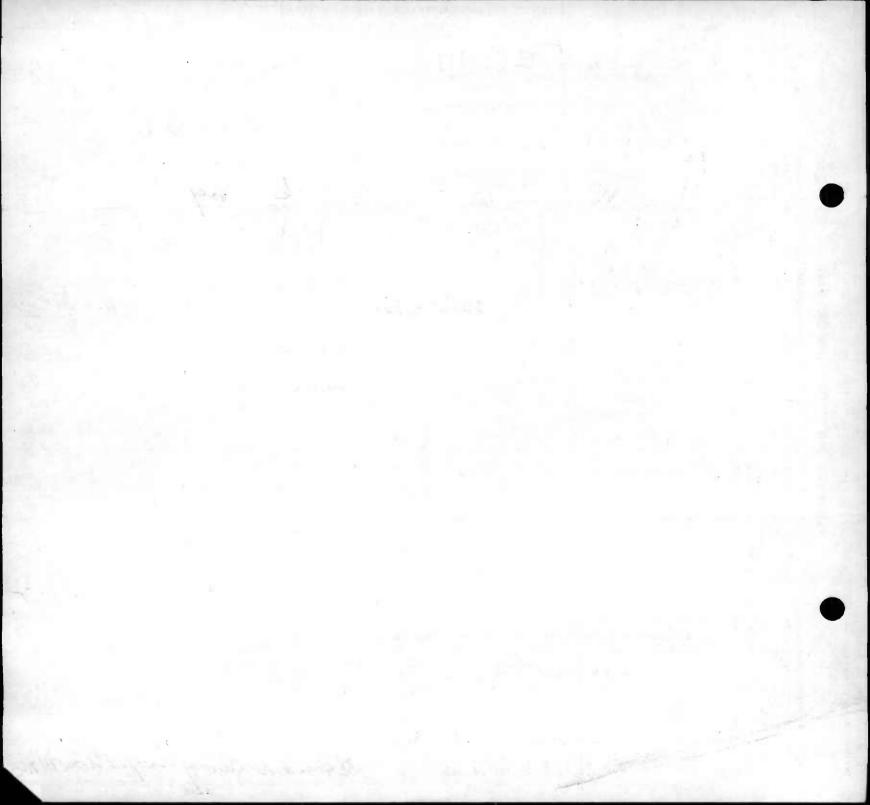
BIRTH NO. M.E. CASE NO. 65	12025 CEI	RTIFICATE OF I		istered Na. 5	2025
1. NAME OF DECEASED (Type or Print) 2. C. D. 3. PLACE OF DEATH IN BALTIMO	H. F. Vans		2. DATE AND HOU Novemb SIDENCE (Where decen	ep 21. 1965	630
	hospitol or institution, give street or location)	A. STATE Ma C. CITY OR 1	B. COUNTY A M A TOWN (If outside city	limits, write RURAL and	O 3 give township)
1333 Ramsey	ft.	D. STREET AN	Ramaes	e locotion)	
5. SEX 6. RACE ()	7. MARRIED, NEVER MA WIDOWED, DIVORCE	(specify) June 1	TRTH Of. AGE lost birth	Months [Ooys Hours
done during most of working life, even in House with		e mar	SMAIDEN NAME		SA.
Unknown	7 France Forces? 16. SOCIA	Un	Known		ADDRESS
15. Was Deceased Ever in U. S. A. (Yes, no or unknown) (If yes, give was	or dates of service) SECUR	James	P. milles 40	3 & Carlhon	in ST
DISEASE OR CONDIT		CAUSE OF DEATH	2		NTERVAL BETWEE
(This does not mean the r heart failure, asthenia, etc. 1 injury or complication which	It meons the disease,	DUE TO	ideal In	Deserge	4
ANTECEDENT OF THE PROPERTY OF	NS, if ony, giving se (A) stoting the	DUE TO		ryeary.	ryea
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA	OT RELATED TO THE				
19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPENAS PERFORMED	RATION 20A. AUTO	PSY? (Yes or No) 20B, tN C	F YES, WERE FINDINGS OF DERTIFYING CAUSES OF D	CONSIDERED EATH?
OR CONTRIBUTING CAUSE DEATH (notify medical examin	home, form, for	INJURY (e.g., in or obout 21 C. ctory, street, office bldg., INJU	WHERE DID JRY OCCUR?	(If in Boltimore City, give	exoct locotion)
21D. TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21E INJURY O While At Work	CCURRED 21F. Not While At Work	HOW DID INJURY O	CCUR?	
22. I certify that (I) (this that (I) (we) last saw the	hospital) attended the decease	110.	19 %	to nev-	19 decorred on the
	ses stated above. (1) (40)	/ /		23B, DATE	
John P.	Where Ja	M.D. Attending Phys.	Med. Stoff Phys.	11/	23/65
John P. Urloc	K.	M.D. 1227 4	Vashing to	n Blvd.	
1124A, RURIAL CREATATION 24R		WETERY OF CREAMATORY			
24A. BURIAL CREMATION, 24B. REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DE	124/65 meadow	Welge Committees ARY 125C FUNI	240 LOCATION CERAL DIRECTOR	Mary	ADDRESS (S



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			BALTIMORE CITY	HEALTH DEPART	TMENT			
BIRTH NO. M.E. CASE NO	O	65 120	CERTIFICA			Registered No.	85 120	26
1.NAME OF (Type or Print)	Lew		Miott		11/:	21/65	1/	45 Pm.
FULL NAM HOSPITAL (INSTITUTION	E OF (If not oddres	in haspital or instit s or focation)	ution, give street	A. STATE A. STATE C. CITY OR TOW	8. COUNT	ide city limits, write	37	18
Hola	nland	(Je	neral	D. STREET ADDR	ESS (If n	arvisor	Ave.	
S. SEX	6. RACE	7. M.A WII	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	2 15 9	16	ast birthday)	If Under 1 Yr. Manths Days	If Under 24 His. Hours Min.
	CCUPATION (Give t of working life, eve	15	rendix Corp.	11. BIRTHPLACE (S	State or foreig	n country)	12. CITIZEN OF WHAT CO	F UNTRY?
13. FATHER'S	NAME Z	Ellio	tt	14. MOTHER'S M.	AIDEN NAN	NE .		
15. Was Decea (Yes, no of unkn		Armed Faices? war or dates of se	16. SOCIAL SECURITY NO.	17. INFORMANT WIFE	2	3603GA	RRISO- AU	e Balta Md
	LEADING TO		(A)	Wem.	~	,	INTERV	AL BETWEEN AND DEATH
heart faile	ue, asthenia, etc	made af dying, If means the di ich caused death. T CAUSES	sease,	chron:	c re	me die	~	TW II A. A. C. C. SW WINN HOSE CONSTRUCTION OF
rise fa		ONS, if any, ause (A) stafin N lasf.	giving					
OTHER SI TO THE DISEASE		DITIONS CONTRI NOT RELATED TO CAUSING IT.						
OTHER SI TO THE DISEASE 19A. DATE	OF OPERATION	198. CONDITION	FOR WHICH OPERATION	20 A. AUTOPSY	Yes of No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	DERED ?
OR CONT	RIBUTING CAL	JSE OF	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, of etc.)	or obout 21 C. WH	ERE DID OCCUR?	(If in Boltima)	e City, give exact	t lacation)
21D. TIME OF INJUR (APPROX.)		oy) (Yeoi) (Hou	While At Not While At Work		M DID INT	RY OCCUR?		
that Hy (we) last saw th	e deceased aliv	nded the deceased from		ond tha	t in (my) (our) opl		urred on the dote
23A. SIGN	T.C	I- Cul	M.D. Atte	nding Me	ed.	Stoff K	23R DATE SIGN	NED OU .
	E (Type)	C. Cu	1/1's M.D.	23D. ADDRESS Maryl	Pand,	General	Hospilat	
Buria	CSpecify)	-23-196			Pi	kesville	ity, town, or coun	Md.
NUV	26 1965	Polyet 258. N	Faller MA	250 EUNIPRAL	PIRECTOR	Strong 3	2070	CONTH A
VS 150-REV. 1	/1/65							



a haspital and

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if the direct or contributing cause

attendance on the

was in regular

death

the body was released to the haspital by a medical examiner. Alsa, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased priar ta death); and (6) No physician was in regular attendance an the deceased priar to death. Such

was D.O.A. at a haspital (except where the physician wha pronaunced

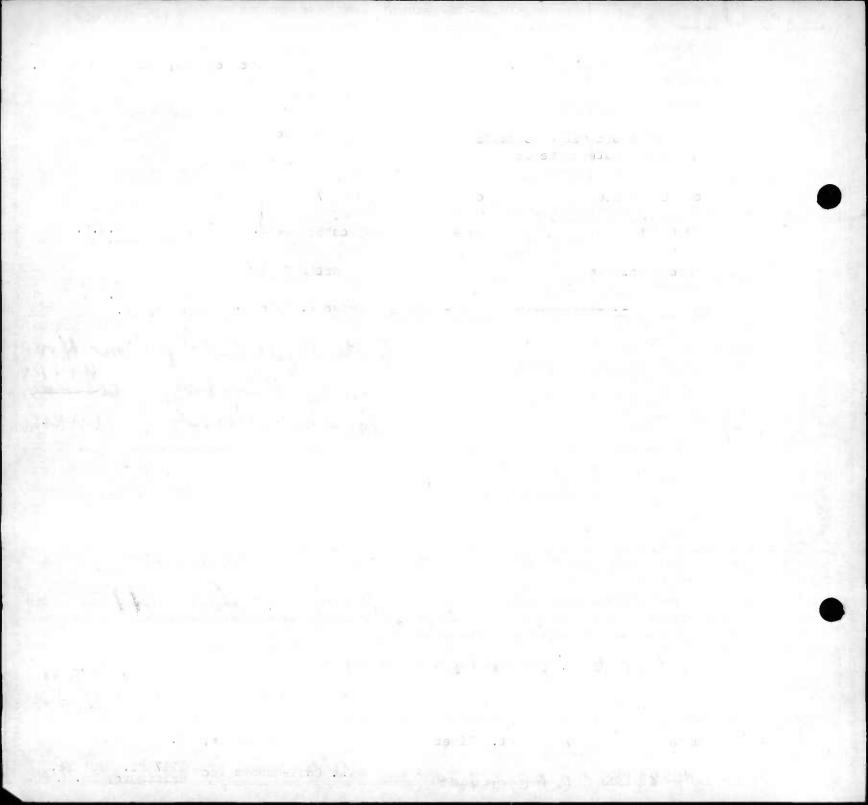
written a

the body was released to the haspital by a

	BALTIMORE CITY	HEALTH DEPARTM	ENT	6	5 120	27	
BIRTH NO. 65 1207	27 CERTIFICA	TE OF DEA	TH Register	red No.	0 1100		
M.E. CASE NO. 1. NAME OF DECEASED		2. D	ATE AND HOUR OF	DEATH			
(Type or Print) ELIZABET	H I. NIEDENTOHL		November	23,19	965 2	:30	P. A
3. PLACE OF DEATH IN BALTIMORE, MAR		4. USUAL RESIDENCE A. STATE Maryland		ved. If insti	itution: esidenc	e before adm	nissior
FULL NAME OF (If not in hospitol of HOSPITAL OR oddress or location)	r institution, give street	C. CITY OR TOWN	(If outside city limi	ts, write RU	RAL ond give	township)	
Baltimore City He	ospitals	Baltimor	(If rurol, give loc	ation)			
3 4940 Eastern Aver	nue		vendish Wa				
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y		If Under 1 Yr.	. If Under	24 Hrs
Female White	WIDOWED, DIVORCED (specify) Widowed	9/4/97	lost birthdoy		Months Doys	Hours	Min.
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) Housewife		Waynesboro			12. CITIZEN OF	UNTRY?	
13. FATHERS NAME		14. MOTHER'S MAID					
Jacob Delosier		Martha S	Saylor				
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give wor ar dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	0211	Turnbu	11 Rd.	RESS	
No	220-20-1165	Louise K. I					
hearl foilure, asthernio, etc. Il meons injury ar camplicotian which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.	ne disease, death.) (B) DUE TO ny, giving stoling the (C)	Jaite My romagy Arteni	Huntoscler	بى كاف	u	nk	12)
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TED TO THE						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS OF DISCONDITION CAUSES OF D							
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE ffice bldg., INJURY OC	DID (If in	Boltimore (City, give exoc	t locotion)	
21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not While Work At Work	le [DID INJURY OCCUR	?	/ 4 %		
22. I certify that (I) (this hospital) that (I) (we) lost saw the deceased	. / 1 . / . /	9/24/	ond that in (my) (our) opini	on death occ	urred on t	6 J
and hour and from the causes state	ed obove. (1) (We) (did) (did not) v	view the body after	death.				
23A. SIGNATURE 23C. BAYSICIAN'S	ulCoulas M.D. Att.	ending Med.	Stoff -	2	23B. DATE SIGN	HED /	1
NAME Type 1	KOUKOULASM.D.	6511	O DON	NEL	town, or coun	7.4	24 Stole)

ADDRESS 1217 St. Paul St. Baltimore, Md. 21202

BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 11/27/65 Baltimore, Md. Burial Mt. Olivet 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Cook Brooks Inc NOV 26 VS 150-REV. 1/1/65



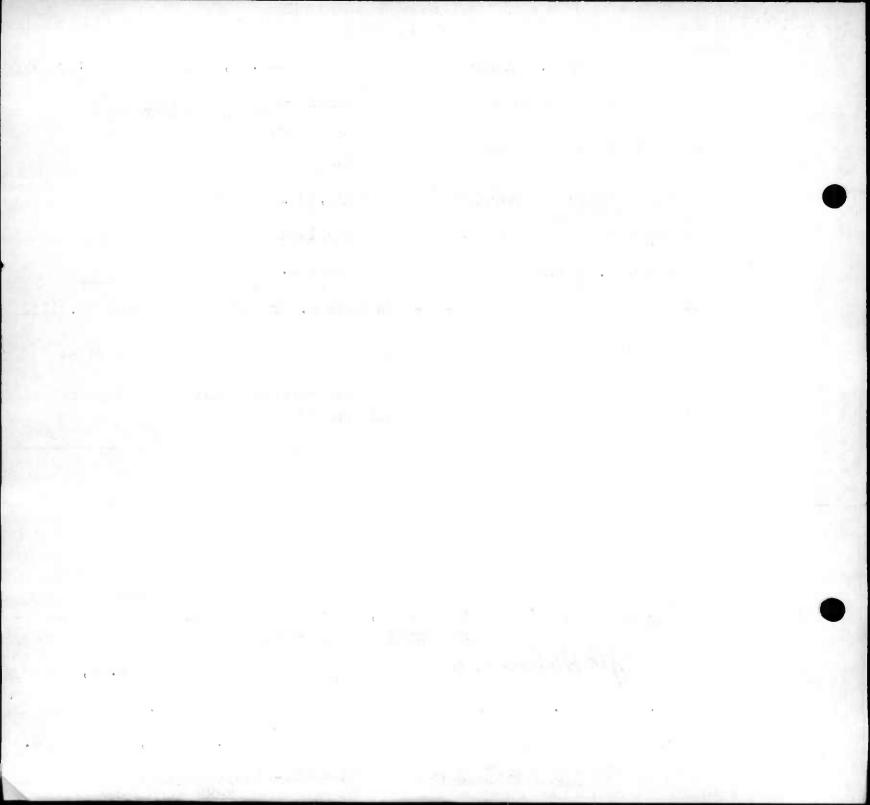
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPART	MENT

BIRTH NO.	65 12028		CERTIFICA	TE OF DEATH	Registered No.	65 1.2028	3
M.E. CASE NO.	CEASED			2. DATE AN	D HOUR OF DEATH		
(Type or Print)	Mary A.	Braue	er	Nov.	22,1965	1:	15 P.
3. PLACE OF DE	ATH IN BALTIMORE, MAR			4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence be	fore odmission)
FULL NAME OF HOSPITAL OR	OF (If not in hospital o address or location)		grve street	C. CITY OR TOWN (IF out	side city limits, write	RURAL ond give fown	ship)
				Baltimore			
90	1022 Woodso	n Road		1022 Woods			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Months Doys Ho	Under 24 Hrs.
female	white	marr		May3,1901	64		
	UPATION (Give kind of work) working life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT	RY?
	buyer	Stewa	rts	Maryland		USA	
13. FATHER'S NA		O O O III C		14. MOTHER'S MAIDEN NAM	ME	USA	
Robe	ert J. Bauer			Mary C.			
15. Was Deceased (Yes, no or unknow	d Ever in U. S. Armed Forc- n)(If yes, give wor or dotes	es? of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
no				Paul J. Brau	er 1022 W	oodson Rd	21212
18. 🤿 🕆	3 / Y I		CAUSE O		CI IOLL W	INTERVAL	
DISEA	SE OF CONDITION DIRE	CTLY				ONSET AN	D DEATH
	LEADING TO DEATH		(A) Cer	ebrovascular	Accident	2 wee	ks
	nat mean the made of		DUE TO				AAM
	, asthenia, etc. It means mplication which caused		_				
	ANTECEDENT CAUSES		(B) Pre	vious cerebro	vascular	5 yea	rs
DISEASES	OR CONDITIONS, if a	nv. aivina	DUE TO	ident			
rise to th	e above cause (A)		(C)	140110	na w w spipa a g w w myd di manaa g di g spimw g spimw spipapin		
UNDERLYIN	G CONDITION last.						
O OTHER SIGN	II						
DISEASE OR	CONDITION CAUSING IT		Ну Ну	pertension			
OTHER SIGN TO THE D DISEASE OR 19A. DATE O	F OPERATION 198. CONE		WHICH OPERATION	20A. AUTOPSY? (Yes or No	OB. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDER USES OF DEATH?	ED
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical examiner)	21 B. hom etc.	e, lorm, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact loc	otion)
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY			ile At 🗀 Not Whil	e 🗀			
		Wo			17		1
22. I certify	that (1) (this hospital)	ottended ti	he deceased fram		19 29 to NOV	ember	19.65
that (I) jegg	lost sow the deceased	olive on	November 20	, 1965 and th	ot in (my) (XXX) api	nion death occurre	d on the dat
ond hour an	d from the causes state	d above. (I) (Mak (did) (Mak 1600 v	iew the body ofter deoth.			
23A. SIGNAT		0.		•		23B. DATE SIGNED	
	111	mis a	,		Stoff Phys.	Nov.22,	1965
23C. PHYSICIA				23D. ADDRESS			
Dr.	Joseph F. 1	Palmis	ano M.D.	6608 Loch	Raven Blv	d.	
24A. BURIAL CRI REMOVAL	EMATION, 24B. DATE	24C. N	AME OF CEMETERY OF CRE	EMATORY 24D. L	OCATION (C	ity, town, or county)	(Stote)
Buria			arkwood		lto. Coun	V /	Md.
25A. DATE REC'E	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDR	:22

NOV 2 6 1965 P. C. B. F. June VS 150-REV. 1/1/65

Mitchell-Wiedefeld Home 6500 York Road



Such

attendance on

the deceased prior to death.

was in regular

death

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular attendance on

(except

was D.O.A. at a hospital

where the physician who pronounced

NO.	CA	A S S 14 ES 2						
CASE NO.	00	12029	CERTIFICA	TE OF DEATH	Registered No.	5 12029		
ME OF DECE	ASED			2. DATE AF	NO HOUR OF DEATH			
	Bessi	e S. Pos	ke	Nov.	21,1965	3:15 P A		
ACE OF DEA	TH IN BALTIA	ORE MARYLAND		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission A. STATE B. COUNTY				
OSPITAL OR			ion, give street	Maryland	itside city limits, write	RURAL and give township)		
0	2727 N	. Howard	St.	D. STREET ADDRESS (IF				
				11	ard St.			
Х	6. RACE			B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs Months: Days Hours Min.		
male	white			May 8.1886				
during most of w	rarking life, ever	if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
						USA		
				14. MOTHERS MAIDEN NA	ME			
Will	iam A.	Kyper		Mary Kraus	е			
as Deceased	Ever in U. S.	Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
no or onknown	m yes, give	NOT OF GOICE OF SCITE			oske Omal			
B. 33	/ X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
			cel	ebro-vascula:	r accident			
(This does not mean the mode of dying, e.g., DUE To heart failure, asthenia, etc., It means the disease,				eralized arte	-riorsclar	ogie gavanol		
A	NTECEDENT	CAUSES	(B)	CTUTATOR OF O	01 101 00 101			
rise to the	abave ca	use (A) slating	ving	***************************************		years.		
TO THE DE	ATH BUT I	NOT RELATED TO	TING THE					
			OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
OR CONTRIBU	TING CAUS	SE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21C. WHERE DID	(If in Baltimor	e City, give exact lacation)		
D. TIME	(Month) (Do	y) (Yeor) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?			
	99		While At Work Not While At Work					
2. I certify	that (t) (this	hospital) attend	ed the deceased from		19 00 to NOV	Jember 21 1901		
and the same of th						inlon death occurred on the da		
3A. SIGNATU		1 1-	(1) (1) (0) (0) (0) (0)	The body offer deoffis		23 B. DATE SIGNED		
	111	1	121	ending Med.	Stoff -			
	AME OF DECE or Printl ACE OF DEA ULL NAME OF DEA USUAL OCCU during most of w ATHERS NAM Will Vas Deceased no or unknown) IB. DISEAS (This does no heart failure, injury ar cam, i	AME OF DECEASED or Print) Bessi ACE OF DEATH IN BALTIN ULL NAME OF OSPITAL OR ODDITION 2727 N EX G. RACE White USUAL OCCUPATION (Give during most of working life, ever housewife ATHERS NAME William A. Vas Deceased Ever in U. S. no or unknown) (If yes, give working life, ever housewife) ATHERS NAME USUAL OCCUPATION (Give during most of working life, ever housewife) ATHERS NAME William A. Vas Deceased Ever in U. S. no or unknown) (If yes, give working life, ever housewife) ATHERS NAME USUAL OCCUPATION (Give during most of working life, ever housewife) ATHERS NAME USUAL OCCUPATION (If yes, give working life, ever housewife) ANTECEDENT DISEASE OR CONDITION OTHER SIGNIFICANT WAS UNDO OR CONTRIBUTING CAUSE DEATH (notify medical examination of the condition of	Bessie. S. Pos. ACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF OSPITAL OR ISTITUTION 2727 N. HOWARD White Wide William A. Kyper Was Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of servi lead of failure, astheria, etc., Il means the dise injury or camplication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION Isst. OTHER SIGNIFICANT CONDITION ISST. OTHER SIGNIFICANT CONDITION SONTRIBUTION OF CONTRIBUTION CAUSE OF CONDITION CAUSING IT. 1974. DATE OF OPERATION 1978. CONDITION FOR CONTRIBUTION CAUSE OF DEATH (Instity medical examiner) 21 D. TIME (Month) (Day) (Year) (Hour) OPERATH (Instity medical examiner) 22 C. I certify that (t) (this hospital) attends that (II) (we) lost sow the deceased alive and hour and from the causes stated above and hour and from the causes stated above.	DESCRIPTION ACE OF DEATH IN BALTIMORE, MARYLAND JLL NAME OF OSPITAL OR oddress or locotion) 2727 N. Howard St. ACE OF DEATH IN BALTIMORE, MARYLAND 2727 N. Howard St. ACE OF DEATH IN BALTIMORE, MARYLAND 2727 N. Howard St. ACE OSPITAL OR oddress or locotion) 2727 N. Howard St. ACE OSPITAL OR ODD OF BUSINESS OR INDUSTRY WIDOWED, DIVORCED (specify) WIDOWED,	ANA OF DECEASED Bessie S. Poske Acce of Death in Baltimore, Maryland C. Citt or Town (if not in hospital or institution, give street objects) Bessie S. Poske Acce of Death in Baltimore, Maryland C. Citt or Town (if not Baltimore) 2727 N. Howard St. C. Citt or Town (if not Baltimore) 2727 N. Howard St. C. Citt or Town (if not Baltimore) D. STREET ADDRESS (if Park and Baltimore) D. STREET ADDRESS (if Park and Baltimore) And St. C. Citt or Town (if not Baltimore) D. STREET ADDRESS (if Park and Baltimore) And St. C. Citt or Town (if not Baltimore) D. STREET ADDRESS (if Park and Baltimore) And St. C. Citt or Town (if not Baltimore) D. STREET ADDRESS (if Park and Baltimore) And St. May 8, 1886 USUAL OCCUPATION (if we kind of work) 108, KIND OF BUSINESS OR INDUSTRY (if Stiple or fore May 8, 1886 USUAL OCCUPATION (if we went if relired) NOUS ewife May 8, 1886 II. Birthplace (Stiple or fore Baltimore) Anteres Name William A. Kyper Mary Kraus Ves Deceased Ever in U. S. Armed Forces? Ves Deceased Ever in U. S. Armed Forces? Ves Deceased Ever in U. S. Armed Forces? III. BIRTHPLACE (Stiple or fore Baltimore) ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follows easthenia, etc.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving inse to the doave cause (A) stating the UNDERLYING CONDITION To THE DISEASE OR CONDITION AUSING II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION AUSING II. DISEASE OR CONDITION CONTRIBUTING CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID More, form, foctory, street, office bidg., [INJURY OCCUR?] Condition and the deceased office on the More of the	A. SALE OF DEATH IN BALTIMORE, MARTLAND		

Dr. E. Ellsworth Cook 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY

2431 Maryland Ave.

(City, town, or county)

Maryland ADDRESS

rial 11/24/65 Druid Ridge
REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
26 1965 P. Craft 2. June 14

Baltimore County

25C. FUNERAL DIRECTOR

Mitchell-Wiedefeld Home

6500 York Road Balto 12

F. Ellewill Gold

the body was released to the hospital by a medical examiner.

Also, if the direct or contributing cause of death

I. PLACE OF DETAILS DESTRICT IN BATTMORE, MARTLAND J. FLACE OF DETAIL IN BATTMORE, MARTLAND J. STREET ADDRESS J. DATE OF BIRTH J. J. AGE IN JUST J.	M.E. CASE NO. I. PARME OF DEFANED PLANE OF DEFANE OF Gling in hospital or institution, give sheet oddiess or location) N. PACE OF DEATH IN BALTIMORE, MARITAND PLUE NAME OF Gling in hospital or institution, give sheet oddiess or location) N. PACE OF DEATH IN PALTIMORE, MARITAND PLUE NAME OF Gling in hospital or institution, give sheet oddiess or location) N. STEET ADDRESS III und, give location N. More of the steet of the stee			BALTIMORE CIT	Y HEALTH DEPARTMENT	N	
S. PRACE OF DEATH IN BALTIMORE, MANYLAND	J. PARCE OF DEATH IN BATHMORE, MARYLAND J. L. USUAL REPIDENCE (Where deceased lived, II institution: repithness before corresponding of the property of th		65 12030	CERTIFICA	ATE OF DEATH	Registered No.	5 1.2030
S. SEE S. RACE 7. MARRIED NEVER MARRIED 1. STATE 1. STATE	A STATE B COUNTY A STATE B COUNTY C. CITY OR TOWN Off earlied city limits, waste RULAL and ask township) D. STREET ADDRESS III noted, ave location MACHINER III under 1 ft. II Under 1 ft. Month of the location of the location Machiner III under 1 ft. MACHINERS MAJRE 14. MOTHERS MAJRE NAME 15. Was Deceased Ever in U. S. Amed Forces? SECURITY No. SECURITY NO.	Type or Print)	AUS	FRANCL	3 2.	1/25/11-9	3.1965 175P.
D. STEET ADDRESS (II rund, give location) D. STEET ADDRESS (III rund, give location) A. ARABEIC, NEVER MARRIED (III) (III)	D. STEVET ADDRESS O. RACE C. MARRIED, NEVER MARRIED D. STEVET ADDRESS III rurol, give location	FULL NAME O	OF (If not in hospitof or institu	rtion, give street	A. STATE B. COUL	LAND	Balto
DAUSDAL OCCUPATION (Give kind of work) OBR KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/Stole or (freign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased from in U. S. Amed Force? 16. SOCIAL SECURITY NO. 217.07-7409 The van a Mays. 18. A CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foliule, asthenic, etc. Il means the disease, injury at campilication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving use to the obove couse (AI stellar) to THE DISEASE OR CONDITION LOSS. DISEASES OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION S. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONLY TO THE DISEASE OR CONDITION COURTED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING ORDITION (Color To THE DISEASE OR CONDITION COURTED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR COURTED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR COURTED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYI	DA USDAL OCCUPATION (Give kind of work) LOR KINCL OF BUSINESS OR INDUSTRY 11, BIRTHPLACE / Stole or (Energin country) The property of the country of the co	Bo,	NSEC	OURS	D. STREET ADDRESS (III	rurol, give location)	53.00
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5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown U. S. Armed Forces? The second for unknown U. S. Armed Forces U. S. Ar	5. Was Decessed Ever in U. S. Armed Forces? Tes, no or unknown) [II] ves, give wor of doles of service] 18. ADDRESS 18.	done during most of	working life, even if retired) (RFD) (P)		MARYLI	AND	12. CITIZEN OF WHAT COUNTRY? UNITED STATE
Test of the significant conditions contributing of the beath of the but of	NO NONE 217-07-7409 Thomas Mays 106 Rambo Court. 18,	1	Unitrow.		300		
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	that (1) (we) lost sow the deceased alive on 11 23. 19 65 and that in (my) (our) opinion death accurred an the d	OF INJURY	(Month) (Day) (Year) (Hour)	While At Not Wh	ile 🗀	JURY OCCUR?	
		22. I certify	that (1) (this hospital) atten		11,14	1965 to 1/1	1965
and haur and fram the couses stated above. (1) (We) (did) (did not) view the body after death. 238. DATE SIGNED		011	, 8500L1	M.D. AI	ys. Director	Stoff Phys.	11.25,1965
23A. SIGNATURE OM, Boolum M.D. Attending Med. Stoff Phys. 11, 23, 1965		NAME	IERAL BI	DIMER	BONS	SI-Cou	rs 140sf=
23A. SIGNATURE OM. BOOLUME M.D. Attending Med. Stoff Phys. Phys. 11:23, 1965 23C. PHYSICIAN'S NAME (Type) MERAL BODMER M.D. BON SI-COURS HOSF	MERAL BODMER M.D. BON SI-COURS HOST	REMOVAL	Specify)		, , ,		. 24
23A. SIGNATURE M.D. Attending Med. Director Phys. D1 123, 1965 23C. PHYSICIAN'S NAME (Type) MERAL BODMER M.D. BON SZ-COURS 1405 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)	23C. PHYSICIAN'S NAME (Type) MERAL BODMER M.D. BON SI-COURS HOSE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)				25C FUNERAL DIRECTO	LAB HUVER	AL APPRESSE
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65 12031 BALTIMORE CITY HEALTH DEPARTMENT

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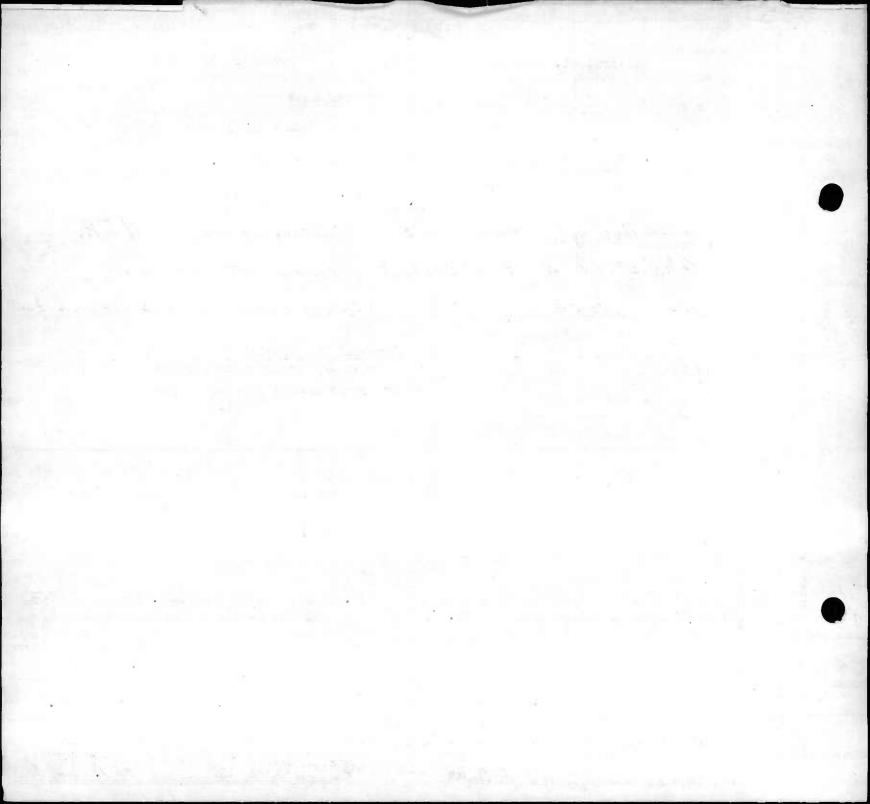
BIRTH NO.	MEDI	ICAL EX	AMINER'S	LERIFICAI	E OF DEATH Reg	gistered No
M.E. CASE NO.			à			
1. NAME OF DE		37			2. DATE AND HOUR PRONO	
3. PLACE IN RAL	ROBERT ASHLE		INCED DEAD	4. USITAL RESID	November 24	
S. TEACE IN DAE	minore, maritano, m		NICLO GLAG	A. STATE	aryland	f institution: residence before admission) COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOV		write RURAL and give township)
Bon Se	cours Hospita	1			RESS (If rural, give location)	
				212	29 Wilkens Avenu	ie
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	lost birthdoy)	Months, Days, Hours, Min.
male	white	Sing		Nov.3,196	1	12. CITIZEN OF
done during most of	working life, even if retired)	100	BUSINESS OR INDUST			WHAT COUNTRY?
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Charl	es H. Ashley	FORCES?	16. SOCIAL	17. INFORMANT	L. Heimiller	ADDRESS
(Yes, no or unknown	(If yes, give war or dote		SECURITY NO.	TO THE OWN PART		A PORTEGO
No			None	Mother.	2129 Wilk	tens Ave.
DISEA	SE OF CONDITION DI	RECTLY	CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(This does	not mean the mode of e, asthenia, etc. It means	dying, e.g., the disease,	(A) Inte	rstitial pr	neumonitis	
injury or co	emplication which caused	de oth.)				
	ANTECENDENT CAUSE	S	(m)			
	OR CONDITIONS, IF A		DUE TO		======================================	
UNDERLYI	NG CONDITION LAST.		(6)			
N			(C)			
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T)	***************************************	
19A. DATE O	F OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WE	
021	WAS PER	FORMED		yes	IN CERTIFYING Ves	CAUSES OF DEATH?
O UNDERLYING	OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	, in or obout 21C. W	HERE DID (If in Boltimore Ci	ity, give exoct locotion)
21D TIME OF INJURY	(Month) (Day) (Year	r) (Hour) 2	1E. INJURY OCCURRED	21 F. H.C	OW DID INJURY OCCUR?	
(APPROX.)		m. V	VHILE AT NOT	WORK -		
22. I cer	rtify that I held on 1	nquiry 🗌	InspectionA	utopsy XX one	that on this basis, death	in my opinion
resu	Ited from: Natural co	uses X A	ccident Suic	ide Homici	de Undetermined n	nonner
	. 11	1		CHIEF M	EDICAL EXAMINER X	DATE SIGNED
SIGNAT		11/10-	Mo	D. ASSISTANT M	EDICAL EXAMINER	
EXAMII NAME (NER'S Pugge 11	S. Fis	her, M.D.	ASSOCIATE M	EDICAL EXAMINER	12-13, 1965
23A. BURIAL CRE		23	C. NAME of CEMETERY	or CREMATORY	23D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specification)		6/65	Loudon Pa	rk	altimore, Ma	ryland.
	BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	ADDRESS
	NOV 25 1965	Robert	E. Jacker M.	Geo.	. Schwab, Funera	l Home, 2101 Fred. Ave.

Sup, Replaced 12/13/15-

FUNERAL DIRECTOR: IMPORTANT

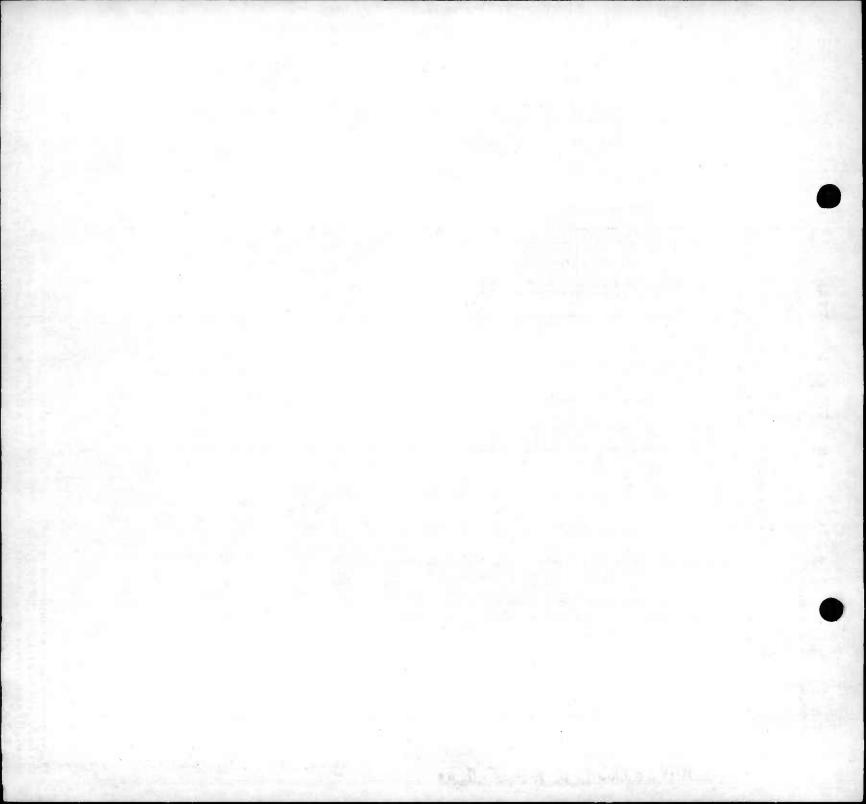
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

INAMA OF DECLASED Special Final Part				0.00	BALTIMORE CITY	HEALTH DEPARTMENT				
INDIANA OF DECENTION PARTE AND POUR OF DEATH NOVEMBER 23 1965 9.50P		CERTIFICATE OF DEATH Registered No. 65 12032								
TULL NAME OF NOSTIAL OR OF NOS	1, N (Typ	AME OF DEC		Villia	ım	2. DATE AI NOVEL	mber 23 19	965	9.50PM	
HOSPITAL OR St. Josephs Hospital St. Ster Act White Wh						A. STATE B. COUN		institution: resi	dence before odmissio	
St. Josephs Hospital 2220 Corsica Ave. St. Josephs Hospital 2220 Corsica Ave. S. SER 6. RACE with the Wilder Market Corsical St. Sec. Market	-	HOSPITAL OR			n, givo smoet	Baltimore 2	utsido city limits, write 21221	The second second		
Mart Lewister White White White Bay Core Lapschyl Oct. 4 1891 Lest significant Months; Day's Hours Mile Rind of White Bay Course of Interior Country Core Bay Core and Marting Merchant Country Countr	4	St	• Josephs Hos	oital						
done during most of working life, even it reliand. Retired Rob. MgR. 12. FATHERS NAME 13. FATHERS NAME 14. MOTHERS MADEN NAME 15. Was Diseased famin U. S. Anned Fotes? 16. SPOTIAL NAME 16. Was Diseased famin U. S. Anned Fotes? 17. INFORMANT ADDRESS 18. J. J. J. Anned Fotes? 18. J. J. J. J. J. Anned Fotes? 18. J. J. J. J. J. Anned Fotes? 18. J. J. J. J. J. J. Anned Fotes? 18. J.				7. MARRII WIDOV	ED, NEVER MARRIED VED, DIVORCED (specify)		9. AGE (In years lost birthdoy)			
15. Was Deceased few in U. S. Armed Freez? 16. SOCIAL M. DECEMBRY OF CONTROL SECURITY NO. 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., head follow, esherin, etc. If means the disease, injury or complecion which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving is so to the obove couse (A) stoling the UNDERLYING CONDITION Is. 20 DISEASES OR CONDITIONS, if ony, giving is so to the obove couse (A) stoling the UNDERLYING CONDITION Is. 21 OTHER SIGNIFICANT CONDITION (S). 22 DISEASES OR CONDITION (S). 23 DISEASES OR CONDITION (S). 24 DISEASE OR CONDITION (S). 25 DISEASES OR CONDITION (S). 26 DISEASES OR CONDITION (S). 27 DISEASES OR CONDITION (S). 28 DISEASES OR CONDITION (S). 29 DISEASES OR CONDITION (S). 20 DISEASES OR CONDITION (S). 21 DISEASES OR CONDITION (S). 22 DISEASES OR CONDITION (S). 28 DISEASES OR CONDITION (S). 29 DISEASES OR CONDITION (S). 20 DISEASES OR CONDITION (S). 20 DISEASES OR CONDITION (S). 21 DISEASES OR CONDITION (S). 22 DISEASES OR CONDITION (S). 23 DISEASES OR CONDITION (S). 24 DISEASES OR CONDITION (S). 26 DISEASES OR CONDITION (S). 29 DISEASES OR CONDITION (S). 20 DISEASES OR CONDITION (S). 20 DISEASES OR CONDITION (S). 21 DISEASES OR CONDITION (S). 22 DISEASES OR CONDITION (S). 23 DISEASES OR CONDITION (S). 24 DISEASE OR CONDITION (S). 25 DISEASES OR CONDITION (S). 26 DISEASES OR CONDITION (S). 28 DISEASES OR CONDITION (S). 29 DISEASES OR CONDITION (S). 20 DISEASES OR CONDITION (C). 20 DISEASES OR CONDITION (S). 21 DISEASES OR CONDITION (C). 22 DISEASES OR CONDITION (S). 23 DISEASES OR CONDITION (C). 24 DISEASE OR CONDITION (S). 25 DISEASES OR CONDITION (C). 26 DISEASES OR CONDITION (C). 27 DISEASES OR CONDITION (C). 28 DISEASES OR CONDITION (C). 29 DISEASES OR CONDITION (C). 20 DISEASES OR CONDITION (C). 20 DISEASES OR CONDITION (C). 21 DISEASES OR CONDITION (C). 22 DISEA	done	Retire	d Prod. MgR.			Baltimore, M	Maryland			
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BURIAL 11-27-65 WESTERN BALTIMORE, Md.		NAME (Manuel A			1400 N. Carolin	ne St. Balt	imore 2	1213 Md.	
	24A	REMOVAL	Specify)	24C.		EMATORY 24D. L			county) (Stote)	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

CE 40000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 12033	CERTIFICA	TE OF DEATH	Registered No.	12077
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	16000
(Type or Print) Milton E	selman .	11/3	13/65	1 4 2 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If insti	tution: residence before admission)
FILL MARK OF MICH.		md.	, X	
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	, give street		utside city limits, write RU	RAL and give township)
INSTITUTION	1-1	Baltmore	· ·	
1 Mercy Hosp	ital	D. STREET ADDRESS ()	f rural, give location)	
		3600 Eld	iorado Ave.	
	D. NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	er morried	5/15/03	62	violinis, Doys (Todas) Ivini,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	tired	Balto.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	4317
Israel Belman		Freda	Aranow	
	1) / america		111 0.100	A B D D T C C
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No	212-69-1608	-Hospi Cha	RT	
18. 4 20,11	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	4		
(This does not mean the mode of dying, e.g	(A) ACA	te myocardi. 1t. ventricular	al interction	7 hrs.
heart failure, osthema, etc. It means the diseos	, DOL 10 C	It. ventricular	· aneurysm	
injury or complication which caused death.)	a As	c10-		1/12-
ANTECEDENT CAUSES				PP 80*** 0.0.4.00 *64*660 0.000 0.00000 0.00000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000 0.0000
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UNDERLYING CONDITION last.	(0)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AA 0 000 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO	NG HE AA	. 1 6 6		10 days-
DISEASE OR CONDITION CAUSING IT.		il infarction		
198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	ES OF DEATH?
l W	R PLACE OF INITIBY (a.g.	n or obout 21 C. WHERE DID	Ut in Reliment	City, give exact location)
OR CONTRIBUTING CAUSE OF	ome, form, foctory, street, o	ffice bldg. INJURY OCCUR?	th in bollmore C	ony, give exact lacononi
2				
U OF INJURY	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
	thile At Not White At Work			
22. I certify that (I) (this hospital) attended	the deceased from	11/13	19 65 10 1	123 1965,
that (1) we last sow the deceased alive on	11/23/65	19 6 5 and t	hot in (my) (our) opinio	on deoth occurred an the dote
ond hour and from the couses stated above.				
23A. SIGNATURE	(17 (3) (3) (616 116.17	The House Body office dooring		3B, DATE SIGNED
F. J. Pelia		ending Med.	Stoff	11/23/65
23C. PHYSICIAN'S	Phy	23 D. ADDRESS	Phys.	"1" 1" 2
NAME (Type)	A 4 50			
OAA RUBBAL CREATION IS TO THE REST	M.D.	PAA A SON DAY		
REMOVAL (Specify)	NAME OF CEMETERY OF CR			town, or county) (State)
BURIAL 11/25/1965 N	CRTH TOINT IT	The second secon	4276.	MO
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	Sydne S. LEWI	1 1 Car law - 3	319 OLYMPIA AUE
NOV 26 1965 A O FO	20. 24	1774 0 TEP.	TJEN, INC " 3	311 Tuble HOC
VS 150-REV. 1/1/65	CONTROL ST			



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death.

				BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 15-26	106705	4902/	CERTIFICA	TE OF DEATH	Registered No.	65 12034
M.	E CASE NO.	SED DO	Trag		DATE.	AND HOUR OF DEATH	
{Ty	pe or Print)	Baby		Dark		11-19-65	7:30 a _M
3.	PLACE OF DEATH	IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If i	nstitution: residence before admission)
	FULL NAME OF	flf not in hosp	tol or institut	on, give street	Maryland	\	3-03
	HOSPITAL OR	oddress or loc	ation)			outside city limits, write	RURAL ond give township)
3	3				Baltimore D. STREET ADDRESS	(If rurol, give location)	
	The John	ns Hopki	ns Hos	pital	1908 Park		
5.	S EX 6.	RACE		HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last bighday)	Months Doys Hours Min.
M	iale	Negro		ver married	11-14-65	7 days	75
	N. USUAL OCCUPA ne during most of work			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12, CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Joseph I	Darby			Charity Da	xxx Moore	
15.	Was Deceased Ev	er in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	110010	ADDRESS
tre	s, no or unknown) (If	yes, give war or	dotes of servi	ce) SECURITY NO.			
1	1B. 76 -	51		CAUSE O	F DEATH		INTERVAL BETWEEN
ž.		OR CONDITION	_		. 4		ONSET AND DEATH
		ADING TO DEA		(A)(asperation	mermonit	i /2 ms.
	heart foilure, as	mean the made thenia, etc. It me	ons the dise				100
		calion which cau TECEDENT CAU		(B)	Prematur	ty	4 days
		CONDITIONS,		DUE TO	0		
	rise to the	obove couse (
	UNDERLYING	CONDITION loss.					
z	OTHER SIGNIFIC	ANT CONDITION	CONTRIBI	TING			
ATIO	TO THE DEA	TH BUT NOT I	RELATED TO				
CERTIFICATION	19A. DATE OF O	PERATION 198.		OR WHICH OPERATION	20A. AUTOPSY? (Yes o	No) 208. IF YES, WERE	FINDINGS CONSIDERED
ERTI	2				CSV		toses of pexiti
	OR CONTRIBUTIO	WAS UNDERLYIN	G 🗌	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, o	n or about 2) C. WHERE DII	O (If in Boltimo)	e City, give exact location)
ICAL	DEATH (notify medical examiner) etc.)				•		
MEDIC	OF INJURY	Aonth) (Day) (Y	eor) (Hour)	21E INJURY OCCURRED While At Not While		INJURY OCCUR?	
<	(APPROX)			While At Work Not While At Work			/
	22. I certify the	at (1) (this hosp	ital) attend	ed the deceased from	14nn	1965 10 19	No. 196)
	that (1) (we) la	st saw the dece	ased alive	an 19 Nov	19 6 5 one	that la (my) (our) ap	inlon death occurred on the date
		-	stated obov	(I) (We) (did) (dld nat)	view the body after deo	th.	
1	23A. SIGNATURE	/ //	4-	M.D. AH	ending Med.	Sloff D	23B. DATE SIGNED
	/	- 1 K	/ 1/	M.D. All	ivied.	31011	1911 -1.0

23 D. ADDRESS

23C. PHYSICIAM'S NAME (Type) Paul Visscher

VS 150-REV. 1/1/65

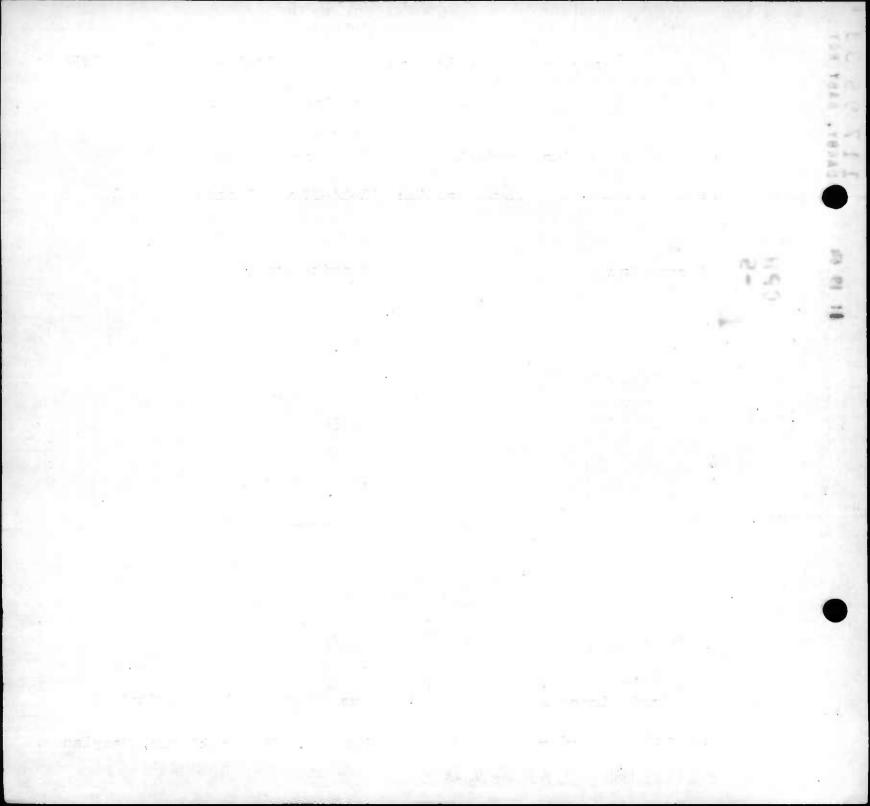
M.D.

The Johns Hopkins Hospital 24D. LOCATION (City, lown, or county)

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)
Cremation 11-2 24C. NAME OF CEMETERY OF CREMATORY 11-24-6 5 The Johns Hopkins

ns Hos. XXX Baltimore, Maryland

25B. NAME OF REGISTRAR REC'D BY HEALTH DEPT.



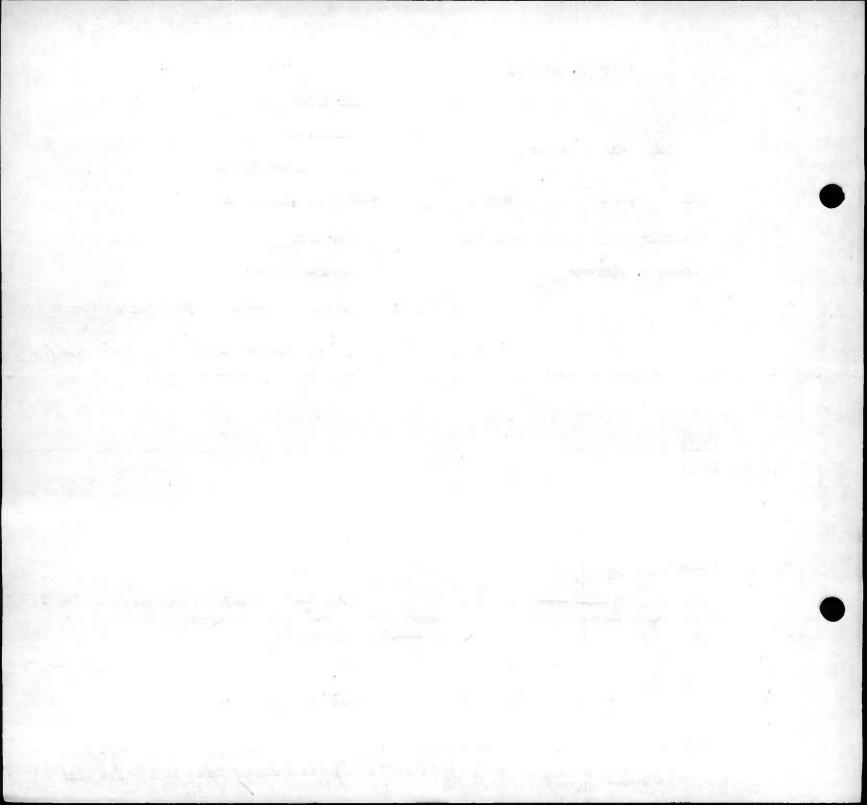
FUNERAL DIRECTOR: IMPORTANT

Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased, was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner.

			BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	65 1203	5	CERTIFICA	TE OF DEATH	legistered (No5_	12035
M.E. CASE NO.	() ()					
1. NAME OF DECI	EASED			2. DATE AND H		
Trype of thin	Heward F. Sha	arrer		11-21-6	5 al 5 %	~ I
3. PLACE OF DEA	TH IN BALTIMORE MAI	RYLAND				titution: residence before admission)
				A. STATE B. COUNTY	A	
FULL NAME O	E (If not in bounded o	an Impaidulian	arrest atract	Maryland		1-196
HOSPITAL OR	F (If not in hospital and oddress or location		give street			
INSTITUTION				C. CITT OR TOWN (If outside	city limits, write RU	JRAL and give township)
				Baltimore		
7 3 261.1	Roland Avenu	10		D. STREET ADDRESS (If rurol,	give location)	
3044	r working Wash	16				
V				36hh Roland Aven	118	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED		GE (In years	If Under 1 Yr. , If Under 24 Hrs.
		WIDOWE	D, DIVORCED (specify)		pirthdoy)	Months Doys Hours Min.
Male	White	Marr	ied	January 10,1884 8	1	
		10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN OF
done during most of v	working life, even if retired)					WHAT COUNTRY?
Butcher		Whole	ales	Marri and		USA
13. FATHER'S NAM		MITOLE	56.10	Maryl and		008
Jacob F	Sharrer			Amelia Nagle		
	Ever in U. S. Armed Ford	7	1 6. SOCIAL	17, INFORMANT		ADDRESS
	(If yes, give wor or dote:		SECURITY NO.	· · · · · · · · · · · · · · · · · · ·		ADDRESS
nO			218 32 4432	Mrs Rosa Sharrer	3611	Roland Avenue
				<u> </u>	2044	
18. 3.3	/ X 1		CAUSE O	F DEATH		ONSET AND DEATH
DISEAS	E OR CONDITION DIR	ECTLY				
	LEADING TO DEATH		(0)	rebro-viscular acc	celent	23 months
(This does n	of mean the mode of	dvina. e.a.	DUE TO			
	osthenio, etc. Il meons					
injury or com	plication which caused	deoth.)				
1	ANTECEDENT CAUSES		(B)			
			DUE TO			
	OR CONDITIONS, if					
	obove couse (A)	stoling the	(C)			
UNDERLYING	G CONDITION lost.					
	11					
Z OTHER SIGNII	FICANT CONDITIONS C	ONTRIBITIN	G			
	EATH BUT NOT RELA					
	CONDITION CAUSING I					
19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 201	. IF YES, WERE FI	NDINGS CONSIDERED
	WAS PERF	OKWED		IN	CERTIFYING CAU	SES OF DEATH?
W ACCIDE	T WAS INDEED WING	1025		1 1010 11111	77 . D 12	
OR CONTRIRI	THE CAUSE OF	hor	ne. form. foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct location)
& DEATH (notify	medical examiner	etc				
0 21D. TIME	444 HA 485 A 496 A					
W OF INTELLER	(Month) (Doy) (Year)	(Hour ZIE	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX)			nile At Not Whil	le 🖳		
		We	ork			
22. I certify	that (1) (this hospital	ottended t	he deceased from	Dec. 26 196	3 to	10.0.21 1965
			NOV: 1	a di setti		
indi (i) (we)	last sow the decease	a olive on"		ond that in	(WAT LODE) Oblus	on deoth accurred on the dot
ond hour ond	from the causes stat	ed obove. (I) (Ne) (did) (dtd not) v	view the body ofter death.		
23A. SIGNATU						23B, DATE SIGNED
1000	nen 100/19	man	M.D. Atte	ending Med. Stoff s. Director Phys.		11-21-65
23 C. PHYSICIA	N'S -			23D. ADDRESS		
23C. PHYSICIA NAME (T)	NS REUBEN	those	MAN		C	
	VEODEN	1.101-1	M.D.	846 a. 36 B	JT.	
24A. BURIAL CREA	MATION, 24B. DATE	24C N	AME of CEMETERY OF CRI	EMATORY 24D, LOCAT	ION ICH	, town, or county) (State)
REMOVAL (S		240.14	CHAIR OF CENTRELENT OF CKI	Z4U, COCAI	TOTY	, lown, or county) (310fe)
Burial	01 37	(-				34-11
25A. DATE REC'D	BY HEALTH DEPT	DER NAME	reenmount Ceme	tory FUNERAL DIRECTOR	oll County	Maryland

ee 3631 Yls Road

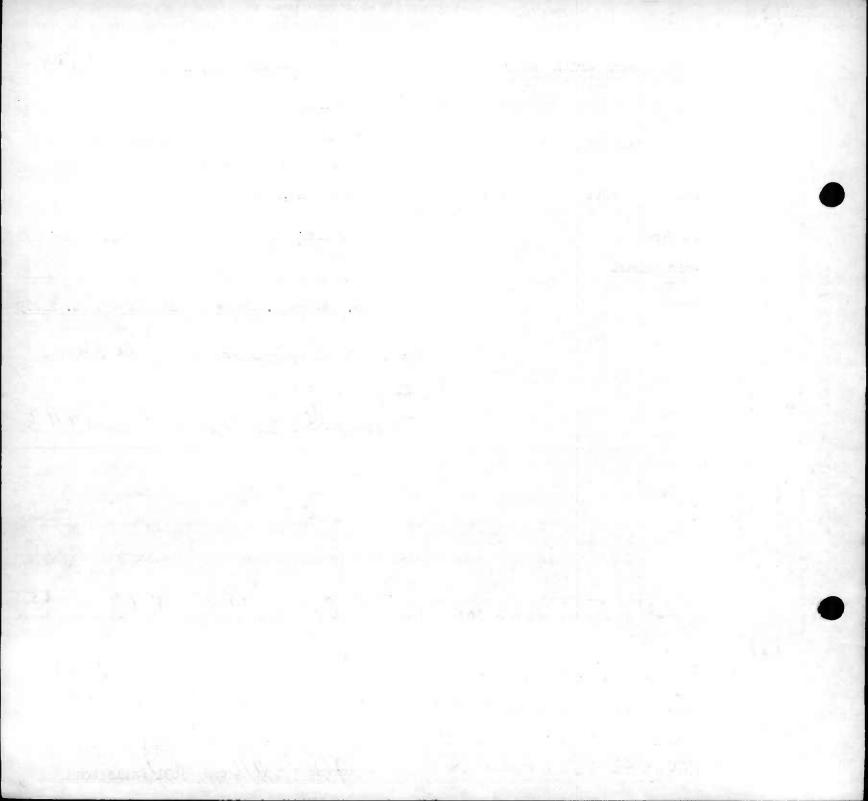
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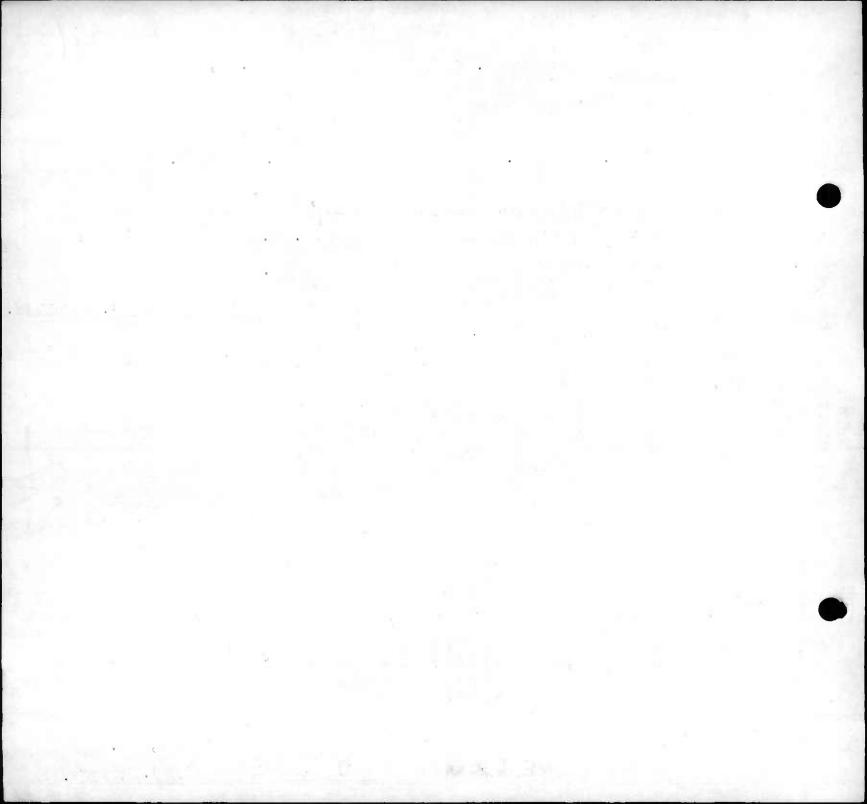
	65 120	120	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	P3 TS	ניטנ	CERTIFICA	ATE OF DEATH	Registered No.	65 12026
M.E. CASE NO.	CEASED			2. DATE AND	D HOUR OF DEATH	00 15000
(Type or Print)		Dalaan				- FOIA
3. PLACE OF D	Anna Marion				per 21, 196	nstitution: residence before odmissio
		THE PAINT		A. STATE B. COUNT	TY A	isinonom residence before damissio
FULL NAME HOSPITAL OR INSTITUTION			n, give street	Maryland c. city or town (If outs	side city limits, write	RURAL and give township)
				Dol timove		
3425	Chestnut Aven	eue		D. STREET ADDRESS (If it	ural, give location)	
20				3425 Chestnut	Avenue	
5. SEX	6. RACE	7. MARRIE	D. NEVER MARRIED		. AGE (In years	If Under 1 Yr., If Under 24 Hr
Female	White	Wido		October 15,1885	ost birthdoy)	Months Doys Hours Min.
		k 10B. KIND	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
	if working life, even if retired)			34		
At Hon				Maryland 14. MOTHER'S MAIDEN NAM	A F.	USA
W FAIRERS NA	ALAIT.			MOINER'S MAIDEN NAM	TE.	
John E	Ebbert					
5. Wos Decease	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknov	vn) (If yes, give wor or dot	es of service	SECURITY NO.			and the second second
110				Mr. George E. H	Baker 31	18 Elbert St. 2122
1B. 44 -	2011		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		- who			and los
(This does	nal mean the made at	dying, e.	g., DUE TO	energy Govern	CB-27	
heart failure	, asthenia, etc. It means	s the diseas	e,			
injury or co	implication which caused	d death.)	Class	1177 Acres	-	
	ANTECEDENT CAUSES	2	(B) (C)	powerer 1		
DISEASES	OR CONDITIONS, if	anv. aivin	10	poterar CV D cologed Octor	(.03
	he above cause (A)		1e (c) 26	part secont	Donoces	11. 11 19 19 S
UNDERLYIN	IG CONDITION last.		.0-0			
	-11					
OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTI	NG			
E TO THE	DEATH BUT NOT REL	ATED TO	THE			
			R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES WEDE	FINDINGS CONSIDERED
19A. DATE C		FORMED		012	IN CERTIFYING CA	USES OF DEATH?
× 1210 45515	ENT WAS HEIDER WITE	7	IR BLACE OF THE STATE	He .	(Ar.) Pr	
OR CONTRI	ENT WAS UNDERLYING DENT WAS UNDERLYING CAUSE OF		ome, form, foctory, street,	office bldg., INJURY OCCUR?	(It in Boltimor	e City, give exact location)
	fy medical examiner)		tc.)			
21 D. TIME	(Month) (Doy) (Year)	(Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUP?	
S OF INJURY	1-0,7		While At Mot Wh		n. occor.	
(APPROX.)			Vork At Work			
22 1	u shos (1) (al-			1-7- X	, E.O.	16 = 1 5 1 7 1
	y that (1) (shis haspit a		44 16		94.3to	16-19 1963
that (I) (we	i) lost saw the deceas	ed olive on	10- 13	19 cond tho	t in (say) (our) opi	inion death occurred on the d
and hour or	nd from the causes see	ted above	(I) (Waladal) (did nos)	view the body ofter deoth.		
23A. SIGNAT			(., (ine body offer deoffi.		DATE SIGNED
	1 00		0	Mandian &	24.2	23B. DATE SIGNED
Tares	seed (Like	s. Aun		ys. Med. Director	Stoff Phys.	11-23-65
23C. PHYSICI	ANS	THE PARK !		23D. ADDRESS		11.
NAME	(C		oc 400	1 2 1 1 - M	S LA	cta 10 A h
Hau	WARRE J. Ohi	mene	EX MID, M.D	2/11/4/110	sile De	(10 11 KC
24A. BURIAL CR REMOVAL	Specifyl 248. DATE	24C.	NAME of CEMETERY of C	REMATORY 24D. LO	CATION (C	ity, town, or county) (Stote)
	- 1	65 2	and a man of	-t / n	311	0
Burial	57 NoA		ruid Ridge Cem		ltimore Co	
ZOA. DATE REC'	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	17 /	ADDRESS
NUV 2	6 1965 Robert	76,4	ander Mill	Burgee Funeza	Z/Home 36	31 Falls Road
		and the second second		1 / /	regardent July	And State winds I LLANGE L

Falls Road

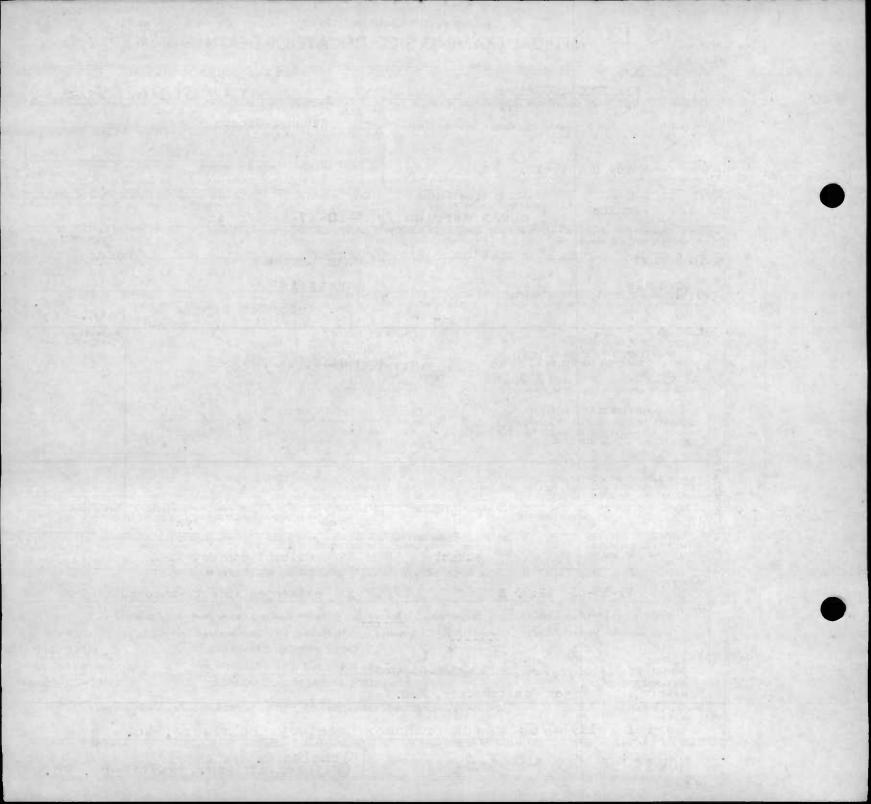


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inal	(Yes	Nos D
l or		18.
r atte		(This
gula		injury
in re		DISE/
ased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Su en approval must be obtained before the remains are embalmed or final disposition is made.	ICATION	OTHE TO DISE
No physi before t	MEDICAL CERTIFICATION	21 A. A OR CO DEAT 21 D. T OF IN (APPR
d (6) I	MEDI	21 D. T OF IN (APPR
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bath)		and 1-
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prove		23C.P
ped p		. BURI
0 0		Buri

	65 12037	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	OU TERM	CERTIFICA	TE OF DEATH	Registered Na.	7)F LOSSOF
M.E. CASE NO.		CERTITIO		AND HOUR OF DEATH	00 121137
1. NAME OF DECEASED (Type or Print)		t A. Eisel	N	ov. 23, 1965	19:40 P. M
3. PLACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	here deceased fived. If i	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institut address or location)	ion, give street	Maryla	nd _	RURAL and give township)
INSTITUTION			Baltim	ore	
01			D. STREET ADDRESS	If rural, give lacation)	
601	E. Randall St.		601 E.	Randall St.	
5. sex 6. RA Female	White	NED, NEVER MARRIED OWED, DIVORCED (specify) Widow	June 28, 1889	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Home	Balto, Md.		USA
13. FATHERS NAME		210110	Balto Md.	AME	
Jame	es Clinton		Marra A.	Curley	
15. Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ourley	ADDRESS
NO	s, give wor or dotes of serv	SECURITY NO.	Miss Mary Ann	Eisel	601 F Pandall C
1B. ///	VI	CAUSE C	E DEATH		601 E. Randall S
DISEASE OR	CONDITION DIRECTLY	1:-4	visclentec H 2-Vasalan Epionic Ch ailure	f.	ONSET AND DEATH
	DING TO DEATH	(A)/All	usclerate ty	percensin	6 mines
	ean the made of dying, nio, etc. It means the disc	e.g., DUE TO	D-Vasalar	Disease	
	ion which coused deoth.)		chimic Ch	nzestivo	
	CEDENT CAUSES	DUE TO	/)	<i>J</i>	
	ONDITIONS, if any, gi	ving	allere		
UNDERLYING CO	ave cause (A) sloting NDITION lost.	(C)		***************************************	00000000
	-11				
E TO THE DEATH	NT CONDITIONS CONTRIBU BUT NOT RELATED TO DITION CAUSING IT.	JTING THE			
19A. DATE OF OPER	MAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
Q 21 D. TIME (Mor	nth) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
OF INJURY		While At Not Whi			
22 1	(1) (.1)		0	1964 to 200	n. 23 1965
	(I) (this hospital) attend	/10	Just L		
	saw the deceased alive				inian death accurred an the dat
	the causes stated above	e. (I) (We) (did) (did nat)	view the bady after death	1.	
23A. SIGNATURE	ndo V. K	lora us an		S#	238, DATE SIGNED
1 Colds	ndo l. 18	M.D. Att	ending Med. Director	Stoff Phys.	11-24-65
23C. PHYSICIAN'S NAME (Type)		M ₀ D,	23D. ADDRESS		
24A. BURIAL CREMATIO	ON, 24B, DATE 24	C. NAME of CEMETERY or CR	EMATORY 24D.	LOCATION (C	City, town, or county) (State)
REMOVAL (Specify)				
Burial	11 27 65	Loudon Park	25C. FUNERAL DIRECT	Baltimor	re, Md.
NOV 26 19	65 Rep 8	ta Burta 0	O Mc Cu	7	E. Fort Ave.
VS 150-REV. 1/1/65					



M.E. CASE NO.	71120	ICAL EXAM	III 4EK 5 C	LKIIIICA		LA III wagisha		DET
I. NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Type or Print)	FILLIPOS TS	OUKAT.AS			N	ovember 19,	1965	1:15 A
PLACE IN BAL	TIMORE, MARYLAND, W		DEAD			leceosed lived. If inst	itution: residen	
				A. STATE	hens, G	B, COL	INTY	
FULL NAME OF	ADDRESS OR LOC	AL OR INSTITUTION,	GIVE STREET			carparate limits, write	RURAL and	give tawnship)
NSTITUTION	1.1,						1/	71
1	Manar Hassit	-1		D. STREET ADD	RESS (If rurol.	give (acation)	V	,
5	Mercy Hospit	aı					4	-01
5. SEX	6. RACE	7. MARRIED, NEVER	MARRIED	8. DATE OF BIRT	H	9. AGE (In years	If Under 1	Yr. If Under 24 H
male	white	WIDOWED, DIVORC	ED (specify)	7.30	. In	last birthdoy)	Months Do	ys Hours Min.
		never ma		3-19-4		18		
	UPATION (Give kind of war working life, even if retired)		ESS OR INDUSTR	YII. BIRTHPLACE	(State ar foreign	cauntry)	12. CITIZEN WHAT	OF COUNTRY?
Seams		Maritime	9	Greece	9		Gree	ece
FATHER'S NAM	M E			14. MOTHER'S M	AIDEN NAME	ATTERIOR STATE		
Ioanr	nis			Anasta	asia			
WAS DECEASE	ED EVER IN U.S. ARME		CURITY NO.	17. INFORMANT			ADDRESS	Hwy
NO NO	(If yes, give war or dot	es di servicei SEC	JORITI NO.	. 4		s Cappari	. De	thKey
118.					cene (1	lotor Tanl	cer.	TERVAL BETWEEN
10.	016.4		CAUS	E OF DEATH				NSET AND DEAT
DISEA	SE OR CONDITION D			ple intern				
RISE TO TH	OR CONDITIONS, IF ABOVE CAUSE (A) S NG CONDITION LAST.	STATING THE	(C)					
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN F OPERATION 198, COI WAS PE	ELATED TO THE G IT.	OPERATION	20A. AUTOPSY Yes		208. IF YES, WERE FI		
	AL CAUSE WAS	218, PLACE	OF INJURY (e.g.			3		
	SE OF DEATH.					f in Baltimore City, gi		233
7		301	eet			and Gay St	S. (2)	CHE
OF INJURY	(Month) (Day) (Yes	or) (Hour) 21 E. INJ	URY OCCURRED		DINI DID MO	RY OCCUR?		
(APPROX.)	11-19-65	12:35 R WHILE A	NOT AT	WHILE X P	assenge	r in auto-a	uto col	lision
22.				F	I de la de	1 1 1 1		
	rtify that I held an		_			s basis, death in r		
resu	Ited from: Natural co	uses Accider	It K Spici	de 🔛 Hamici	ide U	ndetermined mann	er	
	Ω_{a}/Ω_{a}		7 ()	CHIEF M	EDICAL EX	AMINER		DATE SIGNED
SIGNAT		Mi Cun	and w	ASSISTANT M	EDICAL EX	AMINER 🖾		DATE STORED
EXAMIN	4 , 6		7	ASSOCIATE M				11-19-65
NAME (Type) Rudige:	r Breiteneck	er, M/D.					
A. BURIAL CRE	EMATION, 238 DATE		E OF CEMETERY	or CREMATORY	23 D. LC	CATION (City	, tawn, or cour	nty) (Stote)
EMOVAL (Specif		3/65 0000	le Oarth	do == 0		2-2-4-4	26.2	
Bur:		·		dox Ceme		Baltimore,		20555
	BY HEALTH DEPT.	248, NAME OF REG	13 (KAK		AL DIRECTOR	Matthews		DRESS
	26 1965 R.C.	ent & stante	ema ()	3021	Easter	n Ave., P	altimo	re, Md.
S 151-REV. 1/1/	110							



BALTIMORE	CITY	HEALTH	DEPARTMENT

			BALTIMORE CITY	HEALTH DEPA	RIMENT				
BIRTH NO.	65 12	039	CERTIFICA	TE OF DI	EATH	Registered No	C5 4	10000	
M.E. CASE NO.	ASED	- 021			2, DATE AND	HOUR OF DEATH	1 ()()	LCUGO	
(Type or Print)	ARENCE	FUNDE	RBURK		11-	21-65		2:45	DM.
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESID	DENCE (Where	deceased lived. If	restitution: re:	sidence before ad	mission)
FULL NAME OF	(If not in hospital oddress or location		e street	MAT	ZULM	UD	13-	03	
INSTITUTION						ide city limits, write	RURAL ond	give township)	
STNA	HOSP. OF	BALTI	MORE	D. STREET ADD	TIMOR	prol, give lacation)			
12				1132		DORTH A	VE.		
5. SEX	AFR.		EVER MARRIED DIVORCED (specify) Gs LE	5-15-	- 10	AGE (In years ost birthdoy)	If Under Months	1 Yr. If Under Days Hours	24 Hrs. Min.
	PATION (Give kind of work orking life, even if retired)	10B, KIND OF BI	USINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZ	EN OF	
C.	erb	herry	a Store	NORT	TH CAH	rolina	10	U.S.A	
3. FATHER'S NAM	E	0	723.00	14. MOTHER'S A	MAIDEN NAM	-		0	
Thor	nas Fun	derbu	rk	Ch	write	T no	recor	rd	
(Yes, no or unknown)	Ever in U. S. Armed Fare (If yes, give war ar date	s of service)	SECURITY NO.	17. INFORMANT	1	1. 3.	317-1	ADDRESS Str	eet
-		5	216-09-5156		kel hlu	whins C	rona	new yor	k1136
18. 154	+XI		CAUSE O	F DEATH			li c	NTERVAL BÊTWE ONSET AND DEA	EN ATH
	E OR CONDITION DIR LEADING TO DEATH	ECTLY	SE	PTICO 1	PYEMI	A			
	I mean the made of		DUE TO						
	asthenia, etc. It means olication which caused		1.4.1	TRA De	m: Tan	0-4 1 60	2000		
A	NTECEDENT CAUSES		(B)	110416	10100	EAL AG	s cess		
DISEASES O	R CONDITIONS, if	any, giving	DUE 10						
	abave cause (A)	slaling lhe	(C) 28	H MYDO	MNO-	PERINE,	+ 4 12	ELECT.	
- CHOLING HITO	11		•	CCA.	10001	ans) e	MET	AST. TO L	. Wer
TO THE DE	ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I	TED TO THE	oud he			(2) Time	رقع ا		
U 19A. DATE OF	OPERATION 198. CON	DITION FOR WH				20B. IF YES. WERE	FINDINGS	CONSIDERED	
11-18-	- COT WAS PERF		TS & PURITI	vitis .		IN CERTIFYING C.	AUSES OF D	EATH?	
OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF	21 B. PL	ACE OF INJURY (e.g., i farm, factory, street, a	n or about 21 C. WI	HERE DID	(If in Baltima	re City, give	exact location)	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E. IN	IJURY OCCURRED	21 F. H.C	ULNI DID WC	BY OCCUP?			
OF INJURY		While	AI Not Whil	e					
		Wark	At Work					7	1
	hat (1) (this hospital		deceased from	- 2	-	(5) to 1			65.
	last saw the decease			- 19 G		t in (my) (out) of	inian death	n accurred an t	he date
and haur and	fram the causes stat	ed abave. (I) (We) (did) (did not) v	lew the bady a	fter death.				
23A. SIGNATUR	3		M.D. And	ending M	Ned. S	iloff	23 B. DATE	SIGNED	
N			Phy	s. D	Pirector P	hys.			
NAME (Ty	pel de la		0 4 0 3	23D. ADDRESS	1 Cole	SOBAE	24.7		
24A. BURIAL CREM	ACUITOICA	D. N.	34000		16 CHO	20104	12401	01	(F
REMOVAL (S		24C. NAM	A MOSSES TU	MATORY LA	240. 10	CATION	Tity, town, or	Caroli	(State)
Hemova	11-24-	65 your	william fee	Wellex Moul	- Chie	raw se			
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR		DIRECTOR	Bullen	2 712-1	4 8. Horl	Pour
NUV 26 VS 150-REV. 1/1/6	1965 (17.0., 8-	E starle	PHY	agus	we con	Succession	134	Timis.	ned

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IMPORTANT FUNERAL DIRECTOR:

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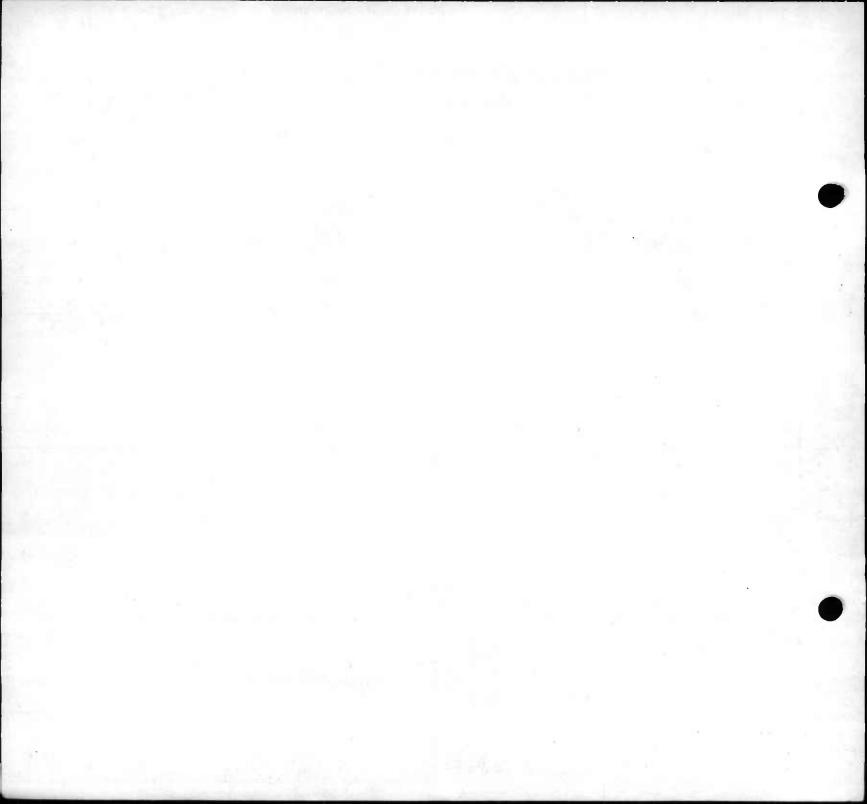
of death

the Such

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(4) Undetermined cause; (5) Deceased a hospital eat ance or contributing cause D attend 9 prior occurred made. in regular deceased death disposition MOS the the direct assistant if death LO final ance any pronounced 0 attend or his Also, embalmed A fracture of the chief medical examiner regular who are (3) physician remains Was medical physician the (2) Body the 8 before the body was released to the hospital by (except where å any nature; by obtained 9 approved and An accident of hospital eath) must certificate must P 10 approval 0 prior at was D.O.A. eceased deceased written shows:

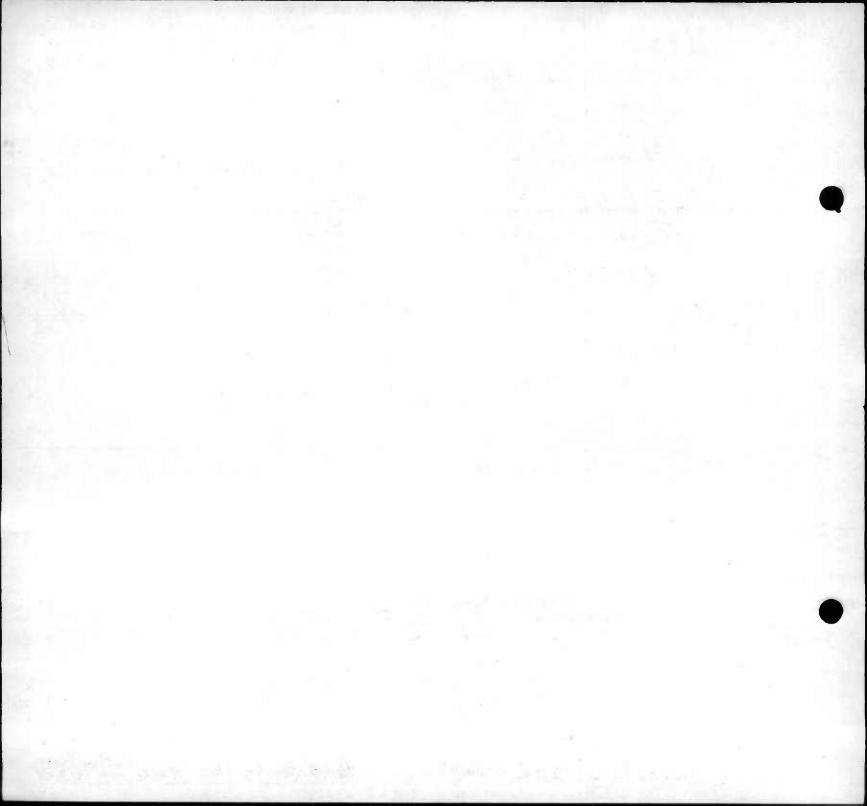
BALTIMORE CITY HEALTH DEPARTMENT Registered No.55 12040 65 12040 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) W. MANGUM 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township. INSTITUTION D. STREET ADDRESS (If rural, give location) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. Days Hours WIDOWED, DIVORCED (specify) last bighdayl arried 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) - and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME F. Mangum 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 16. SOCIAL (Yes, na or unknawn) (If yes, give war ar dates al service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury at camplication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, larm, factory, street, affice bldg., INJURY OCCUR? (II in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc. 21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While (APPROX.) At Wark Wark 22. I certify that (1) (this hospital) attended the deceased from 19/03 -10 that (1) (we) last sow the deceased alive an and that in (my) (aur) aplnian death occurred an the date and hour ond from the causes stated above. (I) (We) (did) (did-not) view the bady after death. 23A. SIGNATURE 238 DATE SIGNED EUGENE SCHNITZER Attending Phys. Stolf M.D. Med. Director _ 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, REMOVAL (Specify) 259 FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



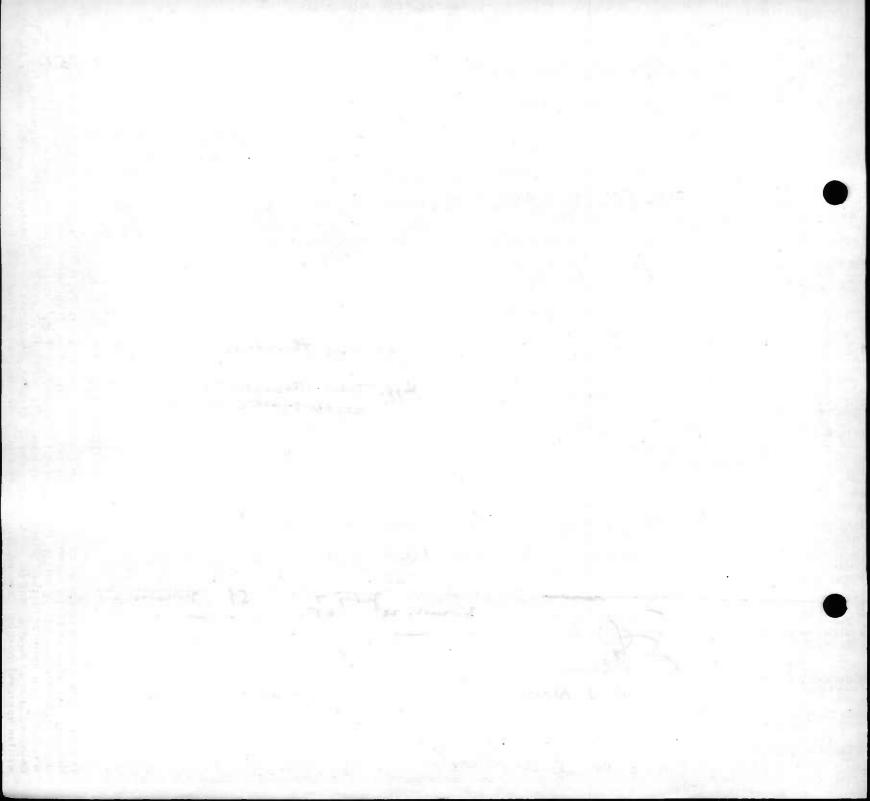
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	1294

BIRTH NO. M.E. CASE NO.	65 1204	1 CERTIFIC	ATE OF DEATH Registered N	65 12041
I, NAME OF DECEAS		WEREMEICH	2. DATE AND HOUR OF DEAT 11-24-65	8: A. N
3. PLACE OF DEATH	IN BALTIMORE, MARYL	AND	A. STATE B. COUNTY	institution; esidence before admission)
FULL NAME OF	(If not in hospital or in oddress or location)	nstitution, give street	C. CITY OR TOWN (If outside city limits, write	te RURAL ond give township)
INSTITUTION	268 DAL	LAS CT.	BALTO.	
/ 6	BALTO. M		D. STREET ADDRESS (If rurol, give focotion)	
A C			1 0 0	.T ,
MALE 4	WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 7/	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USUAL OCCUPATION of work		KIND OF BUSINESS OR INDUST		12. CITIZEN OF WHAT COUNTRY?
LABORE	RC	MY OF BALTO.	RUSSIA	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
UNK	NOWN		UNKNOWN	
5. Was Deceased Eve	r in U. S. Armed Forces? yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	SE, BALTIMORE ST.
No.		213-07-8613		
110	. / 1	11- 0	OF DEATH	INTERVAL BETWEEN
	OR CONDITION DIRECT	TLY		ONSET AND DEATH
	DING TO DEATH	(1)	RONARY THROMBOSIS du	ic to
	mean the made of dy	ing, e.g., Due TO		
	ienia, etc. II means the alian which caused dec	disease, alh.)	RTERIOSCLEROTE AFFRED DI	
	ECEDENT CAUSES	(8)	RTICRIOSCURROTK APPARO DI	SKANE
		DUE TO		
	CONDITIONS, it any bave cause (A) sta			
UNDERLYING C			800 w000 w000 000 000 000 000 000 000 00	O A A A A A A A A A A A A A A A A A A A
	- 11			
TO THE DEAT	ANT CONDITIONS CON H BUT NOT RELATED NOTION CAUSING IT.	TRIBUTING O TO THE		
19A. DATE OF OP	ERATION 198. CONDITI	ON FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20B, IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTION DEATH (notify me		21B. PLACE OF tNJURY (e.ghome, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	nore City, give exoct locotion)
D 21 D. TIME (M	onth) (Doy) (Year) (F	lout 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not W		
	(1) (1) 1			who were
22. I certify tha	t (I) (this hospital) a	ttended the deceased from	Jeh 1958 10	1963
that (1) (we) las	t saw the deceased o	live an	19 6 5 and that in (my) (aur) o	apinian death accurred an the dat
and hook and fre	m the causes stated	abave. (1) (4) (did) (did)) view the bady after death.	
234. SIGN TURE	0 .1		111111111111111111111111111111111111111	23B. DATE SIGNED
Lan	1. 13 Kas	After M.D.	Attending Med, Stoff Phys.	11/24/65
23C. PHYSICIAN'S	uld. Tug	nan	23D. ADDRESS	11/24/05
NAME (Type	1/2	Was and w	500	- B - 1 - m
1/6	WIN 10	. KAPLAN M.	107 Simulation	my Valto 31 In
REMOVAL (Spec	ION, 24B, DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(Cfy, town, or county) (Stote)
Burial	11-27-65	Holy Trunty	Cemelery Howard Ce	· md.
25A. DATE REC'D BY		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR 20	207 Egyt ADDRESS CLINE
NOV261	965 P. P. F	talke An	Wan a Frakkowski	307 Eastern ave.
VS 150-REV. 1/1/65	TO CHANGE	"		

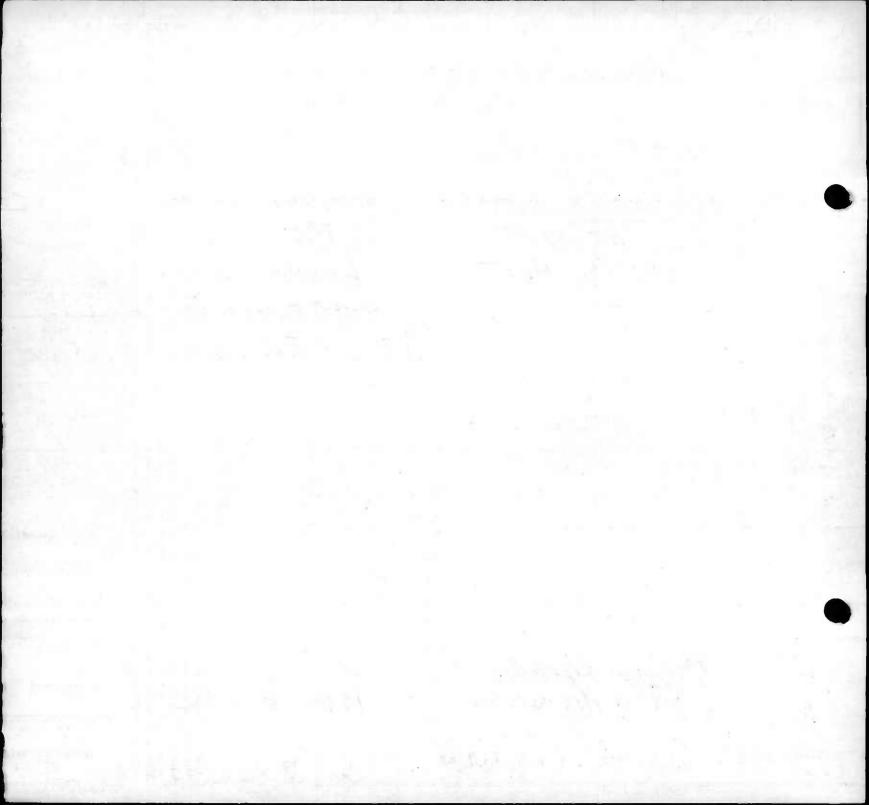


	05 400	BALTIMORE CI	TY HEALTH DEPARTMENT				
BIRTH NO.	65 120	CERTIFIC.	ATE OF DEATH	Registered No.	65 12042		
I. NAME OF DEC		DOORE		HOUR OF DEATH	3 ! 35%.		
	ATH IN BALTIMORE, MARYLAN		A. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmiss B. COUNTY				
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If outs	PALTO, ide city limits, write RU	JRAL and give township)		
01) 60	BALTO. 14			urol, give location)	2.1.03		
5. SEX		ARRIED, NEVER MARRIED	6020 BURGE.				
FEMALE	WHITE W	DOWED, DIVORCED (specify)	7/21/85	80	If Under 1 Yr. If Under 24 Months Doys Hours Mi		
	WPATION (Give kind of work 10 B. K working life, even if retired)	IND OF BUSINESS OR INDÚST	RY 11. BIRTHPLACE (Stote or foreign VIRGINIA	n country)	12. CITIZEN OF WHAT COUNTRY?		
Char	les Hors	ham	3 lanche	Shel			
15. Was Deceased Yes, no or unknow	d Ever in U. S. Armed Forces? n) (If yes, give wor or dotes of s	ervice) 1 6. SOCIAL SECURITY NO.	Jouis Moore	530 L	Jossey and,		
18. 43	0,/1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	SE OR CONDITION DIRECTLY	Cornery thrombs pertensus orterens cardioves al	70-1-				
UNDERLYIN OTHER SIGN TO THE	e obove couse (A) stating CONDITION lost. IIIICANT CONDITIONS CONTRIBEATH BUT NOT RELATED CONDITION CAUSING IT.	IBUTING					
		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedical examiner	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)		
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year) (Hou	While At Not Work At Wo		RY OCCUR?			
	that (I) (this hospital) atte	1 1-	A	t in (my) (our) opini	an death occurred an the		
and haur on	d from the causes stated ab	pave. (I) (We) (did) (did not)	view the bady ofter deoth.		23B, DATE SIGNED		
226 BURNE	Melesar	M.D. A	hys. Director P	hy s.	11/23/65		
23C. PHYSICI,	E. J. Alessi	M.E	23D. ADDRESS 62 17 Har	ford Rd	Baltimore, Md		
24A. BURIAL CRI	EMATION, 248. DATE	24C. NAME of CEMETERY OF C	CREMATORY 24D. LO	CATION (City,	town, or county) (Sto		
25A. DATE REC'E		ME THE RESISTRAR	25C. FUNERAL DIRECTOR	1 - =	ADDRESS		
NUV	7.00	C' derobile de	Connelly &	ono 300	Mace Une		
NUV s 150-REV. 1/1/	26 1965 Oleverto	E' (laryen) -	Cornelly &	ono 300	Mace are		



was released An accident certificate must approval prior at shows: (1) eceased the body o written ä Was

23C. PHYSICIAN'S 23 D. ADDRESS NAME Hype M.D. 24A, BURIAL CREMATION. OF CREMATORY (Stote) REMOVAL (Specify) ETER ADDRESS 25G: FUNERAL DIRECTOR VS 150-REV. 1/1/65



death assistant or his the chief medical examiner

of death Deceased and

(4) Undetermined cause; (5) contributing cause

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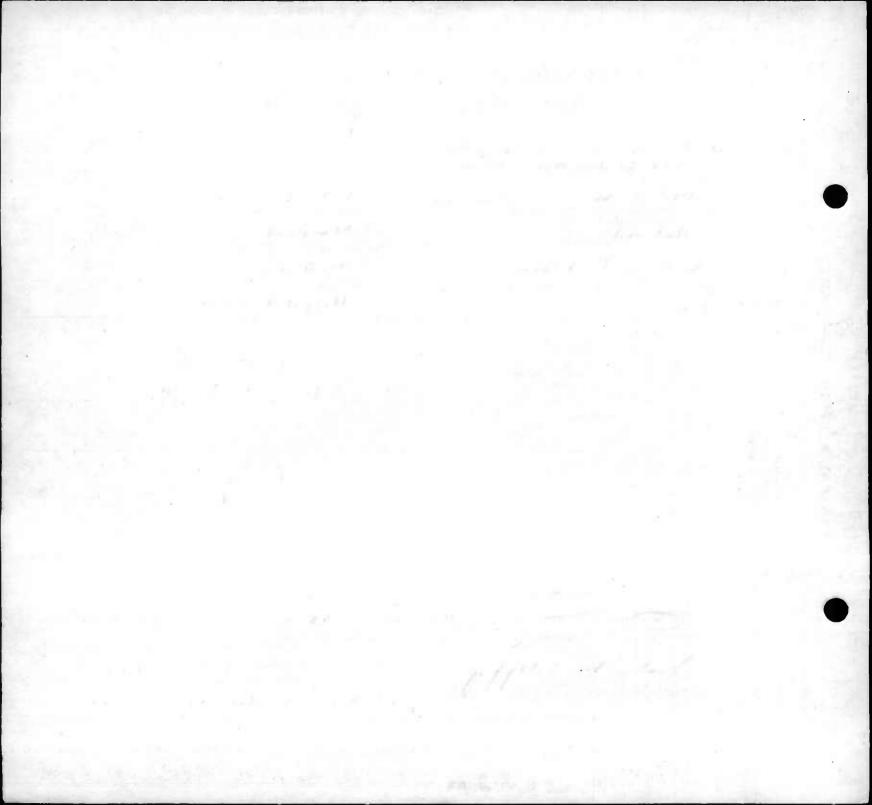
BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 1201 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) OBERT 22 165 3. PLACE OF DEATH IN BALTIMORE MARYLAND RESIDENCE (Where deceased lived, If institution; residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township BATIMORE D. STREET ADDRESS (If rural, give tocation) is mad 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthday) July 8, 1923 Single 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Construction Worker Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William P. Miller Bessie A. Lyter 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL SECURITY NO ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) Hoenstein Funeral Home-Lewistown, Penna, Yes WW I CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dynas heart lailure, asthenia, etc. It means the disease embal injury or complication which coused deptic ANTECEDENT CAUSES are giving DISEASES OR CONDITIONS, il any, rise to the obove cause (A) sloting The before the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 AL AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this haspital) aftended the deceased from that (1) (we) last saw the deceased alive an and that In (my) (aur) opinion death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. AVID 2115 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY

REMOVAL (Specify) 11/26/65 William Lind Mem. Cemetery Lewistown, Penna. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. 5305 Harford Rd. Balto. VS 150-REV, 1/1/65

. The latest war and the state of

Such eath occurred in a hospital and or contributing cause of death kind; (4) Undetermined cause; (5) Deceased on the eath. attendance O 0 prior regular mad deceased death disposition was in the or his assistant if death 0 fina attendance any pronounced 20 embalmed fracture of be approved by the chief medical examiner regular examiner. who are 4 (3) = physician the remains medical Mas (2) Body burns; physician the the body was released to the hospital by a before (except where °Z shows: (1) An accident of any nature; be obtained 9 and eath) hospital must certificate must 0 0 approval 0 prior to was D.O.A. eceased decease

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5 420 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 5 71-23-11 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, A. STATE Baltimore 111. (If not in hospital as institution, give street FULL NAME OF HOSPITAL OR oddiess or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township INSTITUTION Baltimore D. STREET ADDRESS (If tural, give location) 3314 Beverly MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. Manths: Doys If Under 24 His. WIDOWED, DIVORCED (specify) Haurs last birthday -7-1900 Mannied 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at foreign cauntly) 12. CITIZEN OF WHAT COUNTRY? dane during mast of working lite, even if retired) Maryland Retired USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. Gee, Hone 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS (Yes, na ar unknawn) (If yes, give war ar dotes of service) SECURITY NO. Hospital CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, faim, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, ave exoct locotion) DEATH (natify medical examine) etc.l MEDIC 21 D. TIME (Manth) (Doy) (Year) (Haus) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Wark Wark 22. I certify that (1) (this hospital) attended the deceased from 11-12-65 11-23 19 5 ond that in(my) (our) apinian death occurred on the date that (1) (we) last sow the deceased alive an and hour and fram the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff Phys. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) emetery Ba 25C. FUNERAL DIRECTOR 11-27-65 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR Donard J. Ruck Inc Baltimore, Md. NOV 26 VS 150-REV. 171765



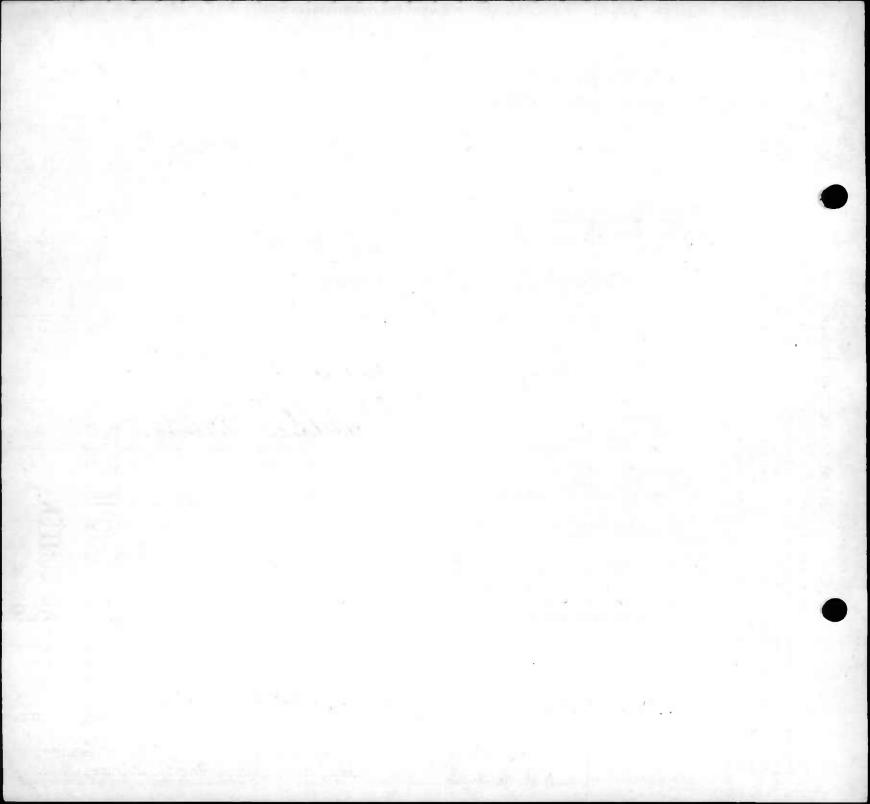
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		05 800	BALTIMORE CITY	HEALTH DEPARTMENT		
SIRTH		65 1204	CERTIFICA	TE OF DEATH	Registered No.	12346
1.NA	ME OF DECEASED	1 40		2. DATE AN	D HOUR OF DEATH	
(Туре	or Print) HERM.	AN A. SM	ITH . Sr.	NOU	, 24. 196	5 5:35 A M
	ACE OF DEATH IN BA	LTIMORE, MARYLAND	an dive sheet	A. STATE 8. COUN	e deceased/lived. If inst TY	itutian; residence before admission)
HC		liess or locotion)	on, give sheer	C. CITY OR TOWN (If outs	side city limits, write RU	RAL and give lawnship)
114	11 100 11 13	1 _	11	BALTIM CRE	urol, give locotion)	
4		PEMORIAL		1623 No	ETH KOURNZ	
5. SE	6. RACE		NEVER MARRIED WED, DIVORCED (specify) MARRIED	7/18/97	ost birthday).	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
	JSUAL OCCUPATION (Couring most of working life,	Give kind of work 10 B. KIND	of Business or industry	11. BIRTHPLA CE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
	RETIRE P-		tucca Estatus	Low Maryland		U.S.A.
13. FA	ATHER'S NAME			14. MOTHER'S MAIDEN NAM	A E	
	XXX Charl	es W. Smit	h	War Margari	et Erbe	
15. W (Yes, r	os Deceased Ever in U.		16. SOCIAL	17. INFORMANT		ADDRESS
xix	wax ues W	W 1	277092722	MRS. SMIT	H - >	DME
11	8. 4201	1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		NOTION DIRECTLY	1/1			ONSEL AND DEATH
		TO DEATH the made of dying,		rocardial Ini	FARCTION	1 044
1	neart lailure, asthenia,	elc. It means the dise				- 141111
	njury ar camplication	ENT CAUSES	(8) ART	ERIDSCL EROTIC	CARDICUASCUL	ie Dis.
		DITIONS, il any, giv	DUE TO			
1	ise to the above	cause (A) slating		50 % www. = 0 mm = = = = = 0 m = = = = 0 m = = = 0 = 0		
1	UNDERLYING CONDI	TION lost.				
NO	OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTE NOT RELATED TO	TING			
 	DISEASE OR CONDITIO	N CAUSING IT.				
ERTIF	9A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
J 2	DEATH (notify medical e	CAUSE OF	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	TD. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
2	APPROX)		While At Not While At Work			
2	2. 1 certify that (5) (this hospital) attende	ed the deceased from	Nov, 22 1	9 65 to No	U. 24 1965
1	hat 世 (we) lost sow	the deceased alive	on Nag 24	F 19 65 and the		on death occurred on the date
			o. (F) (We) (did) (did not) v			
	3A. SIGNATURE	A-A				23 B. DATE SIGNED
	of Cama	lighte	M.D. Atte	mding Med.	Stoff Phys.	Nov. 241965
2	PHYSICIAN'S NAME (Type) EVAN (CUSTER		23D. ADDRESS	MEMORIAL H	OSPITAZN
24A.	BURIAL CREMATION,		C. NAME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (City	, town, or county) (State)
1 6	removal (Specify)	11-27-65	Parkwood Ceme	tery Ba	ltimore, A	
25A.	"NOV 2 6 196	5 R. C. 6 8.	TO A GISTRAR	1 25C FUNERAL DIRECTOR	1	Baltimore, Md.
VS 16	EO DEN 1/1//E			120,000		

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

Such

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRT	H NO. CERTIFICA	ATE OF DEATH Registered No	· 65 12047
	CASE NO.	2. DATE AND HOUR OF DEAT	
	e or Print)	Nous 9 4 10	965 6135 Am.
2 1	LACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, the	
3.	TACE OF DECIMAL MOVIECUES	A. STATE B. COUNTY	12 - 1
	ULL NAME OF (If not in haspital or institution, give street	MD.	pace
	IOSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (If autside city limits, write	e RURAL ond give township)
11	41	BALTIMORE	53-00
1	UNION MEMORIAL HOSP.	D. STREET ADDRESS (If rurol, give location)	0
17	0 101010 1. 24010/142 1102.	8713 EDGEFIELD	RD.
S. 5		B. DATE OF BIRTH, 9. AGE (In years	If Under 1 Yr. If Under 24 His. Months Days Hours Min.
	M WHITE WIDOWED, DIVORCED (specify)	7/17/87 lost birthdoyl	Months Days Haurs Min.
103	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	during mast of working life, even if retired)	A4	WHAT COUNTRY?
	RETIRES Printer WOX.	MARYLAND	U,S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	and Andrew Danie and annual	E. Muses	
15	Nas Deceased Ever in U. S. Armod Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Ye	,na or unknawn) (If yes, give war ar dotes of service) SECURITY NO.	W. INFORMANT	5
	ock ues WV 1 214012256	MRS, DORIS EDWAR	PAS - JAME
	18. CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	D 0 1	ONSET AND DEATH
	LEADING TO DEATH	Bronch Dnews	- 7
	(This does not mean the mode al dying, e.g., DUE TO	1- 1 1 11	
	heart foiluse, asthenia, etc. It means the disease, injury as complication which coused death.)	preatural	
	ANTECEDENT CAUSES (B)	0 0 6 1-1 -	
	DUE TO (a pyconics c	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the (C)	dita a mala	1
	UNDERLYING CONDITION Iosi.		tally
	ll l		
N N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
10	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	VES IN CERTIFIED C	CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If in Baltim	ore City, give exact facation)
AL.	OR CONTRIBUTING CAUSE OF homo, form, foctory, street, DEATH (notify medical examiner)	office bidg., INJURY OCCUR?	
DIC			
MEC	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
<	(APPROX.) While At Wark At War		
	22. I certify that (this hospital) attended the deceased from	Nevi 5 19 65 to)	VOU. 24 19 65.
	that (W(we) last sow the deceased alive an Nov. 24		plnion death occurred on the date
1			pinion death occurred on the dote
	and hour and from the couses stated above. (# (We) (did) (did not)	view the body ofter deoth.	
	23A. SIGNATURE		23 B. DATE SIGNED
	J. Ciran Custer. M.D. A.	ttending Med. Staff Phys.	Nov, 24, 1965
	23C.PHYSICIAN'S	23D. ADDRESS	
	NAME (Type) DD L EVAN CLICATE M.D	UNION MEMORIAL HOSP	PITAL
24/	DRL EVAN CUSIER		
241	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, tawn, ar county) (State)
	burial 11-27-65 Parkwood Cem	etery Baltimore, 1	nd.
	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	ADDRESS
	NOV 2 C 10CE O O O O TO TO	Leonard J. Ruck Inc	Baltimore, Md.
V¢	150-REV, 1/1/65		



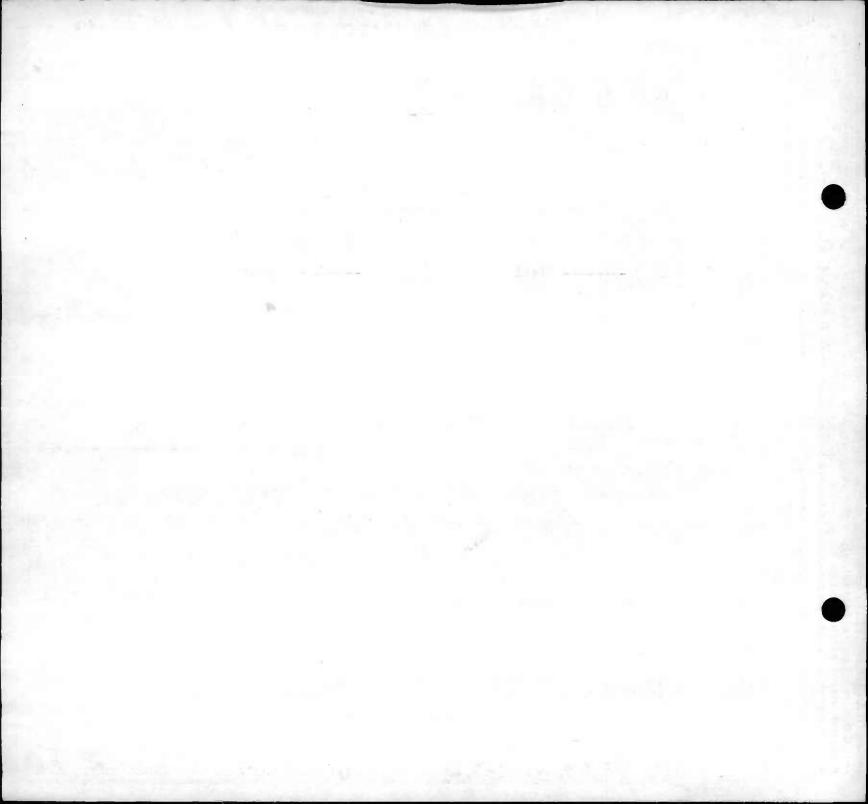
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Registered No.5	12048

-3	CASE NO	12048	MEDICAL E	XAMINER'S C	CERTIFI	CATE C	OF DI	EATH Register	ed No.	12040
1. N	AME OF DEC	CEASED				2. DAT	TE AND	HOUR PRONOUNCE	D DEAD	
(Тур	e or Print)		MINNIE	H. GREVEY				11/22/6	55	9:10 p
			AND, WHERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (V	- •	ceosed lived. If institu	ution: resid	dence before odmission)
HOS	L NAME OF	ADDRESS O	R LOCATION)	TUTION, GIVE STREET	C. CITY		imor	corporate limits, write	RURAL	nd give township)
H	4	Unio	n Memorial	Hospital	D. STREE	T ADDRESS (II	f rurol, gi		V 1	
5. SI	r female	6. RACE white	WIDO WED,	D, NEVER MARRIED DIVORCED (specify)	8. DATE O			9. AGE (In years lost birthday)		1 Yr. if Under 24 Hrs. Doys Hours Min.
	during most of	UPATION (Give kin working life, even if EWIIE	retired)	of Business or Industri	RY 11. BIRTHI	UGETMAN		country)	12. CITIZ WHA	T COUNTRY?
13. F	ATHER'S NAM			WII HOME	14. MOTH	ER'S MAIDEN			00.	72
15. V		D EVER IN U.S.	ARMED FORCES?	16. SOCIAL SECURITY NO.	Mar 17. INFOR	ie ?		Tavital	ADDRESS	5
N	lo			None	Mr. W	illiam	Grev	ey 1216 Aug	zusta	Ave. #29
TIFICATION	(This does heart failure injury or co	, osthenio, etc. mplication which ANTECEN DENT OR CONDITION E ABOVE CAUS NG CONDITION II NIFICANT CONE DEATH BUT R CONDITION F OPERATION [15]	DEATH node of dying e.g. It meons the discose, coused deoth.) CAUSES NS, IF ANY, GIVING E (A) STATING THE I LAST. DITIONS CONTRIBUT NOT RELATED TO AUSING IT.	(B) DUE TO (C)		otic car	or No) 20	ascular disc B. IF YES, WERE FIN	DINGS C	
O	UNDERLYING	CAUSE WAS OR CONTRIB-		PLACE OF INJURY (e.g. ne, form, foctory, street,)				in Boltimore City, give	e exoct lo	ocation)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy		WHILE AT NOT	WHILE WORK	21F. HOW DIE	DINJURY	OCCUR?		
	resul		an Inquiry	Inspection X A	СН	ond that Homicide	Un	- American		DATE SIGNED
	SIGNAT EXAMIN NAME (VER'S	mer U. Spi	Kz, M.D.	-	ATE MEDICA			11/2	23/65
	BURIAL CRE	MATION, 238.	DATE 2	Holy Redeemer			23D. LOC		town, or	
24A	DATE REC'D	BY HEALTH DE	126/65 24B. NAMI	E OF REGISTRAR		FUNERAL DIRI		timore, Mar		ADDRESS
	NOV 2	6 1005	10.48	Far Day MA	Le	onard, J.	· Puc	k Inc. 5305	Har	ford Rd. #14

The Maria State over the Line and Arrivation and the state of the second of th Mark And Total Control of the Contro

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 65 12041	CERTIFICA	TE OF DEATH Registered No.	65 12049
(Type or Print) Agnes	Walstrum	Nov. 23, 1965	6:45P.N
THE CONTROL OF DEATH IN RALTIMORE, MARIAND CERTIFICATE FULL NAME OF (If not in hospital or institute and the control of the c	AMENULU		institution: residence before admission) LMONE e RURAL ond give township)
31 Baltimore City Hosp	pital	D. STREET ADDRESS (If Turol, give location) Box # 563 Sue s Gro	5300
temale white mo	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 12-1-1907 9. AGE (In yeors lost birthdoy) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) Housewife	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jonatz Diede Biebl 15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	14. MOHER'S MAIDEN NAME Marka- Barbara 17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Joseph DePaola 3202	Virginia Ave.
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, heart failure, osthenio, etc. It meons the dis-	e.g., DUE TO	ercinora of lu 8	1/2 Rs.
ANTECEDENT CAUSES	(B)	arcinoria of lung	
DISEASES OR CONDITIONS, if any, g rise to the obove cause (A) stoting UNDERLYING CONDITION last.	the (C)	eles to the oversean Carcial	bna 18 705
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Mour)	21E INJURY OCCURRED While A1 Not While Work Not While A1 Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attend	led the deceased from	12/ 1959 to	11/23 1965
that (I) (we) lost sow the deceased alive			plnion deoth occurred on the dot
ond hour ond from the couses stated obor		ending Med. Stoff Phys.	238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) J. BLATT.		22D ADDRESS	e, nd.
REMOVAL (Specify)		th Cem. Baltimore,	ADDRESS
VS 150-REV. 1/1/65	StarkerAll	1 Loonard J. Ruck Inc	Daltimore, IIId.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO. \$ 11 TOT 1. (1)	BALTIMORE CIT	ATE OF DEATH	Registered No.	95 12050
M.E CASE NO.VIAUELYN	WITH CERTIFICA	ATE OF DEATH		
1. NAME OF DECEASED	Pith	2. DATE AN	D HOUR OF DEATH	7:15
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	Y I ITL	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution; residence before od
		A. STATE B. COUN	ITY	0
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	titution, give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)
INSTITUTION			ORE	7873
HLUTHERAN HOSPI	TAZ OF	D. STREET ADDRESS (If	rurol, give location)	
	MARYCAN	2 //////		
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specily)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
10A, USUAL OCCUPATION (Give kind of work 10B, P	WACLOW	RY 11. BURTHPLACE (State or fore	66	112. CITIZEN OF
done during most of working life, even if retired)		TI. GREATER CE (STOLE OF TOTE	-	WHAT COUNTRY?
Housewife	Home	Wilkesbarre	Penna.	USA
			IVIE	
Robert L. Morton 15. Wos Docoosed Ever in U. S. Armed Forces?	11 / 00	Etta Kaiser		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of s	service) 1 6. SOCIAL SECURITY NO.	O O /		
//0		R. Blaine S	mith 614	
18. 3 40.11		OF DEATH		INTERVAL BETWE
DISEASE OR CONDITION DIRECTL LEADING TO DEATH	.Υ	EPTICEMIA		
(This does not mean the made of dying	171	P	********************************	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any,		n fu mo cocca		9
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statis UNDERLYING CONDITION tost.	giving ng lhe (C)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statistics of the condition loss. II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng lhe (C)			
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statistics of the condition lost. II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	giving ng lhe (C) RIBUTING TO THE	20 A. AUTOPSY (Yes) 7 No		E FINDINGS CONSIDERED AUSES OF DEATH?
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DISEASES OR CONDITIONS, if any, rise la the above cause (A) statistics and the above cause of the above cause (A) statistics and the above cause of the above ca	giving ng Ihe (C) RIBUTING TO THE N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 11E. INJURY OCCURRED While At Not Will Work Not Will At Work ended the deceased fram	20 A. AUTOPSY (Yes) r No. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJ	URY OCCUR?	AUSES OF DEATH? DIE City, give exoct locohonl
DISEASES OR CONDITIONS, if any, rise la the above cause (A) statistics and the above cause of the above cause (A) statistics and the above cause of the above ca	giving ng Ihe (C) RIBUTING TO THE N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 11E. INJURY OCCURRED While At Not Will Work Not Will At Work ended the deceased fram	20 A. AUTOPSY (Yes) r No. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJ	URY OCCUR?	AUSES OF DEATH? DIE City, give exoct locohonl
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DISEASES OR CONDITIONS, if any, rise la the above cause (A) statis UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)) 22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased ali and haur and from the causes stated at 23A. SIGNATURE	giving ng The (C) RIBUTING TO THE N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Al Work ended the deceased fram live an 7:15 Pm 11.	20 A. AUTOPSY (Yes) r No. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJunt of the control of the	URY OCCUR?	AUSES OF DEATH? DIE City, give exoct locohonl
DISEASES OR CONDITIONS, if any, rise la the above cause (A) statistics and the above cause of the above	giving ng Ihe (C) RIBUTING TO THE N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED While At Not Will Work Not Will At Work ended the deceased fram 7:15 Pm 11-	20 A. AUTOPSY (Yes) r No. in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJunt of the control of the	URY OCCUR?	AUSES OF DEATH? The City, give exact locations 19 Dinian death accurred an t
DISEASES OR CONDITIONS, if any, rise la the above cause (A) statis UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.) 22. I certify that (I) (this hospital) after that (I) (we) last saw the deceased ali and haur and from the causes stated at 23A. SIGNATURE	giving ng The (C) RIBUTING TO THE N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Al Work ended the deceased fram live an 7:15 Pm 11.	20 A. AUTOPSY (Yes), No. in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJunt of the control of the	URY OCCUR?	AUSES OF DEATH? The City, give exact locations 19 Dinian death accurred an t
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DISEASES OR CONDITIONS, if any, rise to the above cause (A) statistics (A) sta	giving ng The (C) RIBUTING TO THE N FOR WHICH OPERATION ED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) 21E. INJURY OCCURRED While At Not Wille At Work Work At Work PANS F M. E 24C. NAME of CEMETERY or C	20 A. AUTOPSY (Yes) r No. in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJunt of the control of the	URY OCCUR? URY OCCUR? 19 4 ta	Dinian death accurred an to 23B. DATE SIGNED
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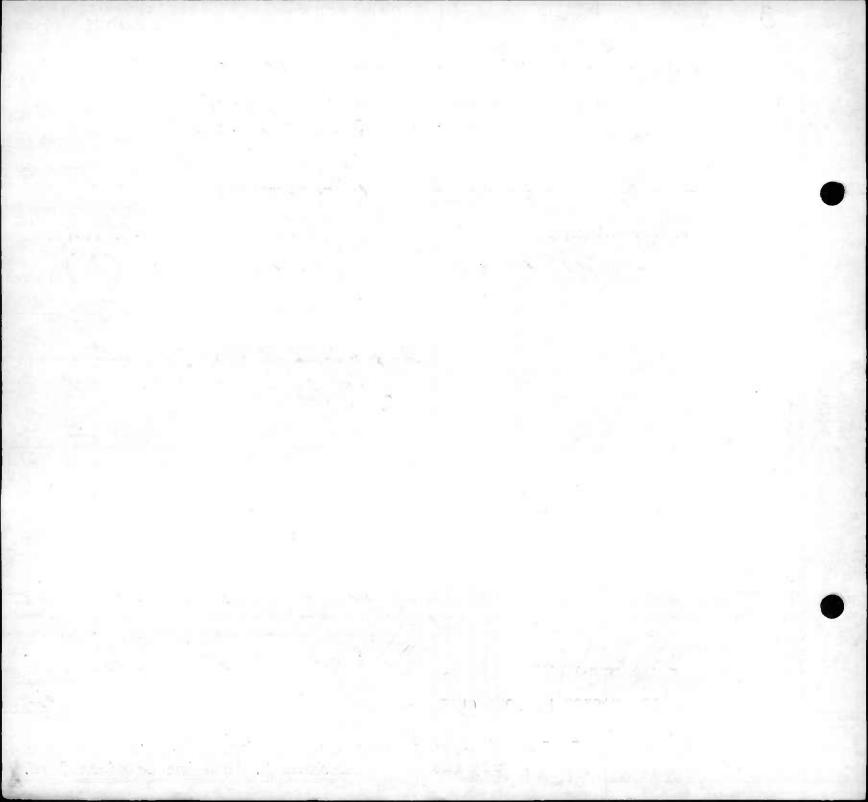
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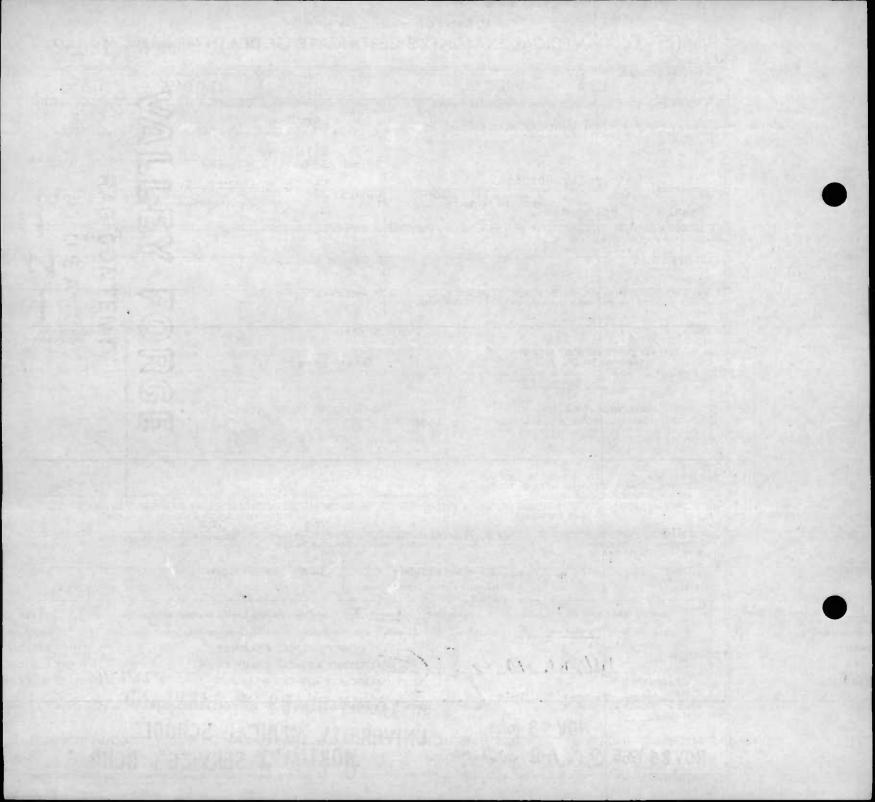
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BALTIMORE C	CITY HEALTH DEPARTMENT	
	CATE OF DEATH Registered No	5 1.2051
M.E. CASE NO. 1. NAME OF DECEASED VINCENZINA)	2. DATE AND HOUR OF DEATH	
(Type VENA P. CAMARATA) CAMM	AHATA 11/21/19.	65 9 P.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write	7 / - 3 Y
UNION MEMORIAL HOSP.	BALTIMORE	KOKAL ONG GIVE TOWNSHIP
1///	D. STREET ADDRESS (If rurol, give locotion)	D-/
5. SEX 6. RACE 17. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In veors	
F CAUC. WIDOWED, DIVORCED (specify)		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)	ITALY	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	14444444
FRANKPIPITONE	VITA ALAGN	A ())
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	Miss Olga (ammarata	same
130,0	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1/11/20 MITTON	
(This does not mean the mode of dying, e.g.,	Afric CArcinon	7 /
heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	Rom Sigmoid	
ANTECEDENT CAUSES (B)	1 3 M	0.000000000000000000000000000000000000
DISEASES OR CONDITIONS, if any, giving	60 000	
uise to the above couse (A) stating the UNDERLYING CONDITION last.		00 000 000 000 000 000 0000 0000 000 0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		100000000000000000000000000000000000000
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	120A ALITOREYZ IV. o. Noll 208 AF VEC MERE	CANDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or obout 21 C. WHERE DID (If in Boltimore	e City, give exoct location)
OR CONTRIBUTING CAUSE OF home, farm, foctory, street etc.	office bldg., INJURY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not V		,
22. I certify that (I) (this hospital) attended the deceased fram	11/1/ 19 65 10 //	121 19 65
that (I) (we) last saw the deceased alive an	19 6 5 and that in (my) (aur) opi	nion death accurred an the date
and have and from the causes stated above. (1) (We) (did) (did no	t) view the bady after death.	
23A. SIGNATURE	Aug 5 mg	23B. DATE SIGNED
PN WHI	Attending Med. Stoff Phys. Director Phys.	11/21/55
23C. PHYSICIAN'S NAME (Type)	D. UNION MEM	10 inc 41 1
PR. VICTOR M. RODRIGUEZ		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF		ity, town, or county) (Stote)
burial 11-26-65 New (athedra	l (emetery Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Leonard J. Ruck Inc	Roltimore Md
NOV 2 6 1955 (P. C. Fr. S. Sta. Bank)	Leonard J. Mack She	. Darrinore, ma.



тн но.65	12052MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered	105	12052
					100	2100010

M.E. CASE NO.	DICAL LAAMIINLK	3 CERTII	ICATE OF	DEATTIREGISTO	60 12002
1. NAME OF DECEASED (Type or Print) ALMA	FREEMAN		2. DATE AN	11/12/6	5 , 3:45 p.
HOSPITAL OR ADDRESS OR LE	PITAL OR INSTITUTION, GIVE STR	4. USUA A. STAT	Maryland	B. COU	itution: residence before admission)
University	Hospital	D. STRE	Baltimore T ADDRESS (If ruro		701
5. SEX 6. RACE colored	7. MARRIED, NEVER MARRIED			9. AGE (In years last birthday) 37	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of done during most of working life, even if retir		NDUSTRY 11. BIRTH	PLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOT	TER'S MAIDEN NAM	A E	
15. WAS DECEASED EVER IN U.S. ARA (Yes, no or unknown) (If yes, give wor or		17. INFO	MANT		ADDRESS
DISEASE OR CONDITION LEADING TO DE. (This does not mean the mode heart foilure, asthenio, etc. If minjury or complication which coust injury or complication which coust ANTECENDENT CA DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION LAZ	af dying, e.g., DUE To one the disease, ed death.) USES F ANY, GIVING DUE (B) STATING THE	o	y liver		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION 19B.	RELATED TO THE				
WAS	CONDITION FOR WHICH OPERATION PERFORMED	ON 20A. A	UTOPSY? (Yes or No	IN CERTIFYING CAUS	
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B, PLACE OF INJU home, farm, foctory, etc.)	street, office bldg	INJURY OCCUR?	(If in Baltimore City, gi	ve exact location)
OF INJURY (APPROX.)	Year) (Hour) 21E. INJURY OCC	NOT WHILE AT WORK	21F. HOW DID INJ	URY OCCUR?	
I certify that I held on resulted from: Notural SIGNATURE EXAMINER'S NAME (Type) Wanner	Accident Accident	M. D. ASSIST	ond that on the	XAMINER X	
23A, BURIAL CREMATION 23B, DATE REMOVAL (Society) NO 24A, DATE REC'D BY HEALTH DEPT.		UNIVERS	PRYBOARD ITY MED ORTUARI	CAL SCHO V SERVICE	OL ADDRESS BCHD

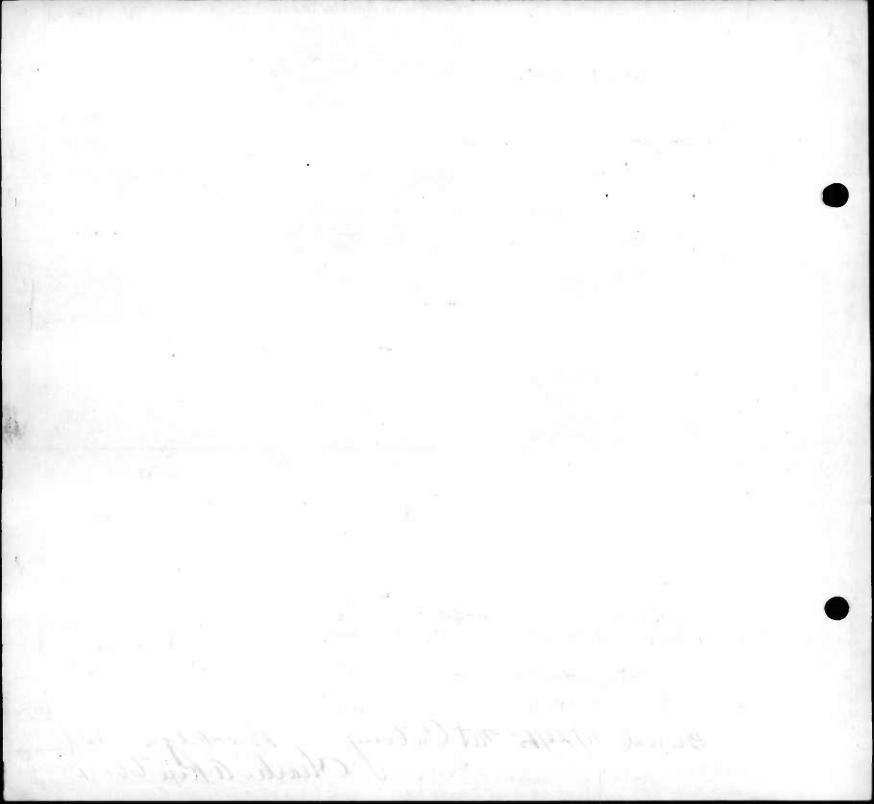


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and rebody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased represent was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	05 10050
ыкти но. 65 12053	CERTIFICA	ATE OF DEATH Registered No.	65 12053
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH	
(Type or Print) Marv W	itherspoon	11/23/65	
3. PLACE OF DEATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (Where deceased lived. If inst	titution; residence before admission)
FULL NAME OF (If not in hospital or i	institution give street	Maryland	
HOSPITAL OR addiess or location)	msmorian, give sireer	C. CITY OR TOWN (If outside city limits, write RU	JRAL one give township)
00		Baltimore	502
200 N. Ais quith S	t Ant Q H	D. STREET ADDRESS (If tutol, give location)	
		200 N. Aisquith St,,	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8/14/91 9. AGE (In years lost birthyday)	If Under 1 Yi. If Under 24 His.
IGA, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTR	NY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		South Carolina	U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
Tawrence Caldwell		Celia Jefferson	
5. Was Deceased Ever in U. S. Armed Faices		17. INFORMANT	ADDRESS
(Yes, no ar unknown) (If yes, give was as dates a	service) SECURITY NO.	Hugh Witherspoon 604	W. Conwey St.
no	CALICE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	T1 V		ONSET AND DEATH
LEADING TO DEATH	Gr	ebro Vascular Occhipion	Indden
(This does not mean the made of dy	ring, e.g., DUE TO		
heart failure, osthenia, etc. 11 means th injury or camplication which coused de	e disease,	Nandar Ducane	5
ANTECEDENT CAUSES	(B)	Mulls - Dellastice Come	
DISEASES OR CONDITIONS, if on	, giving	Vascular Niceans	•
rise to the above cause (A) st UNDERLYING CONDITION lost.	oling the (C)		
ONDERETHIS CONDITION TOST.			
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	NTRIBUTING OLD B	Cemplezia - C.V.A.	2- 47
	TON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY(e.g.		City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
O 21 D. TIME (Month) (Day) (Year)	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
✓ OF INJURY (APPROX.)	While At Not W		
(APPROX)	Work At Wo		
22. I certify that (1) (this hospital) a		Feb 1961 to 1	00-22 1965
that (1) (we) lost sow the deceased	olive on Nov. K	19 ond that in(my) (our) opin	ion death accurred on the dat
and hour and from the couses stated	obove. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE	CLI		23B. DATE SIGNED
merle.	J. Bellie M.D. A	Med. Stoff Phys.	11/24/61
NAME (TX) OSEPH SI BLUM	& MSD: BLUM. M.	23D. ADDRESS	er Si
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C	REMATORY 24D. LOCATION (City	y, town, or county) (State)
Burial 11/28/	65 FONCON	Crommondo on	3 0
	B. NAME OF REGISTRAR	Summerton, S	ADDRESS
NOV 26 1965 M	Part & Stantan M. R.	1 10. 6. 1. 53	
VS 150-REV. 1/1/65		Conditions M. Unce OOT	W. Barre St.

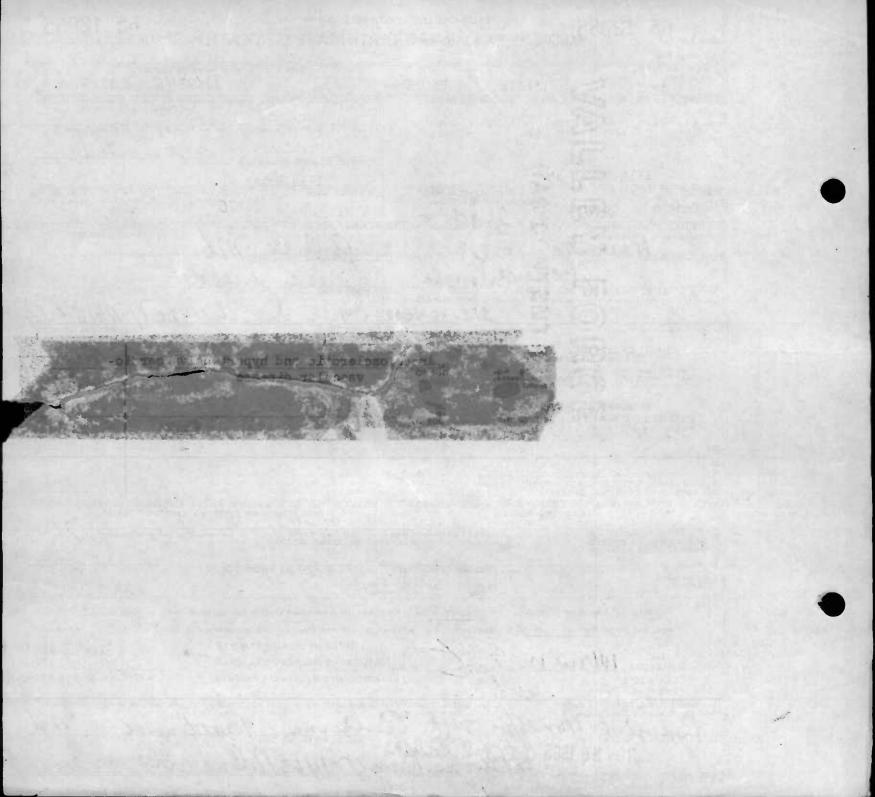


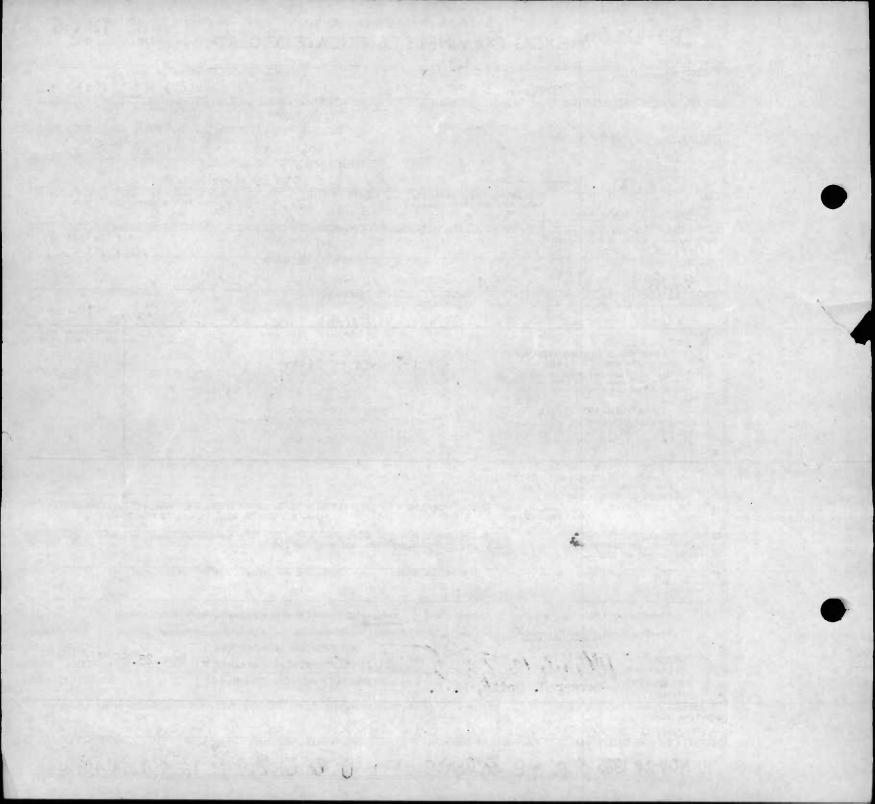
0	E ADOEA		BALTIMORE CITY	HEALTH DEPARTMENT		65 12054
RTH NO.	5 12054		CERTIFICA	TE OF DEATH	Registered No	
NAME OF DEC	FASED			2. DATE	AND HOUR OF DEATH	
ype or Print)	ETHEL 1	M. BALI			21/65	10:35 A. N
PLACE OF DEA	ATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (W	here deceased lived. If	institution: lesidence before admission)
	or of a total o	. To making the control		Maryland		8-04
HOSPITAL OR (If not in hospital or institution, give street oddress or location)				outside city limits, write	RURAL and give (winship)	
INSTITUTION				Baltimo	re	,
Bar-Wi	1- Ba Convai	lecent	Home		(If rural, give location)	
2101	W. Cold Spi	ring La	.ne	2211 E. Bid	dle Stree	
SEX		MARRIED, N	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
F.	C .	WIDOWED,	Divokolo (spessi)	1898	67	
		OB, KIND OF B	USINESS OR INDUSTR	11. BIRTHPLACE (Stote or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
	working life, even if retired)			Virginia		U.S.A.
Dome				14. MOTHER'S MAIDEN N	AME	
				TTs	len ouen	
	nknown		/ -0	17. INFORMANT	nknown	ADDRESS
. Was Deceased es, no or unknown	(If yes, give wor or dotes		6. SOCIAL SECURITY NO.			ADDRESS
No			118-52-2904	Records		
1B. // >	60		CAUSE (OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRE	ECTLY			. 0 .	
	LEADING TO DEATH		Want	Eriosclerati	a heart d	419970
(This daes	nal meon the mode of	dying, e.g.,	DUE TO		20.7.00000	
	asthenia, etc. It means					
	ANTECEDENT CAUSES	o dani,	(B)			
			DUE TO			
	OR CONDITIONS, if a le abave cause (A)		(0)			
	G CONDITION lost.	siding me	(0)			
	II					
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING				
TO THE D	CONDITION CAUSING IT	TED TO THE				
19A. DATE OF	F OPERATION 198. CONT	DITION FOR WI	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED
19A. DATE OF	WAS PERF	ORMED		No	IN CERTIFYING C	CAUSES OF DEATH?
	NT WAS UNDERLYING	21 B. P	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)
	UTING CAUSE OF medical examines	home,	form, foctory, street,	office bldg., INJURY OCCUR?		
)	(Month) (Doy) (Year)	(H- A 215 I	NJURY OCCURRED	21F. HOW DID 1	NILLEY OCCILES	
OF INJURY	(Month) (Doy) (Teon		At Not Wh		INJURY OCCUR:	
(APPROX.)		Work	At Wor	k 🗆	,	
22 Leartify	that (1) (this hospital)	ottended the	deceased from	3-23-	1963 to []	-21- 1965
			1 -	1965 ond		alalan daath accurad an the di
that (I) (We) last saw the decease	d olive an	1 20	ond	thot in (my) (opt) o	pinian deoth occurred on the de
ond hour an	d fram the couses stat	ed obove. (I)	(We) (did) (did not)	view the body ofter deot	h.	
23A. SIGNAT	URE					23 B. DATE SIGNED
	(Q. ()	11.00	M.D. A	ttending Med. Director	Stoff Phy s.	11-22-65
23C. PHYSICIA	AN'S	your		23D. ADDRESS		1/1
NAME (Type)	1	M.D	1.014/11/1	ι Λ.	2-11 - 111
C,	K. Campbe	11)		TYOY SION	h AveiJ	settimore Mai
REMOVAL		24C.NA	ME of CEMETERY OF C	REMATORY 24D	LOCATION	(City, town, or county)
MANA	val 11/26	165 7	W (all	yell !	Brookl	yn Ma
SA. DATE REC'E	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	ZSC. FUNERAL DIRECT	108)	ADDRESS
	NOV 26 1965	078	table Mil	110001191	My AUR	ie 661W Barre
	HALAMA	TO THE LAND	2, 40-0-7	V Car	co ce je	
S 150-REV. 1/1/	05					



	CITY HEALTH DEPARTMENTS	TE OF DEATH Registered No.
M.E. CASE NO.	NO CENTIFICA	TE OF DEATH ROSISION NO.
1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) LILIE HO	VARD	11/23/65 11:50 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESII	DENCE (Where deceosed lived, If institution: residence befare admission) B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S	M M	aryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITT ON TO	WN (If outside corporate limits, write RURAL and give township)
11		altimore /) / /
1514 Baker st.		DRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARR		51/1 Baker St. TH 9. AGE (In years 1/1 Under 1 Yr. 1/1 Under 24 Hrs.
female colored WIDOWED, DIVORCED(Spe		74 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OF	7 INDUSTRY II DIRTURI A CO	
one during most of working life, even if refreed)	RINDUSTRITT. BIRTHPLACE	(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOIHER'S N	ANDEN NAME
Harman V +	To the same	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INSORMANT	va Sulen ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY	NO.	of the man certification
118.	CAUSE OF DEATH	2 Swith 1420 11. 11/0 unt lt
RISE TO THE ABOVE CAUSE (A) STAINS THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	TION 20A. AUTOPS	Y? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJ home, form, foctory		WHERE DID (If in Boltimore City, give exact location) Y OCCUR?
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.)	NOT WHILE	IOW DID INJURY OCCUR?
22.	AT WORK	
I certify that I held an Inquiry Inspection		nd that an this basis, death in my opinian
resulted fram: Natural causes X Accident		ide Undetermined manner
ACTUAL MAILS SIE		MEDICAL EXAMINER DATE SIGNED
SIGNATURE WWW SVS		AEDICAL EXAMINER
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	ASSOCIATE A	MEDICAL EXAMINER
3A. BURIAL CREMATION, 238. DATE 23C. NAME of C	SMETERY OF CREMATORY	23D. LOCATION (City, town, or county) (State)
EMOVAL (Specify)	- 0.1	12 41 m
4A. DATE REC'D BY HEALTH DEPT. 24B NAME OF REGISTRAN	2 24C. FUNE	RAL DIRECTOR ADDRESS
NOV 2 6 1965 O CO & STORY	Language of 1	4637. Cared St 2001
S 151-REV. 12/1/85 1965 (3) (3)	The state of 12	and it

21217





Such

to death.

was in regular attendance prior

death

(except where the physician who pronounced

if the direct or contributing

A So,

examiner.

BALTIMORE CITY HEALTH DEPARTMENT CEDTIFICATE OF DEATH

IN 65 12057

Registered	No. Illi	al faither

M.E. CASE NO.	00 3000	CERTIFICA	ALL OF DE	AIII	
NAME OF DECEA	BROWN,	Baby Boy Judy		2. DATE AND HOUR OF DEAT	5:00 A. M
FULL NAME OF HOSPITAL OR INSTITUTION	address or lacatio	ar institution, give street	4. USUAL RESIDA. STATE MARYLA C. CITY OR TOV BALTIN	B. COUNTY AND. VN (II autside city limits, write	institution: residence before admission)
1		ern Avenue , Maryland 21224	D. STREET ADDI		
MALE 6	NEGRO	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify) Never married	11/4/65	foot highdout	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
	PATION (Give kind al war arking)ile, even if retired)		MARYLAN	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	E		JUDY	SAIDEN NAME	774-36
5. Was Deceased E Yes, na ar unknown) (Ever in U. S. Armed Fa (Il yes, give war ar date	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS:	BCH, 4940 Easter	n Avenue, Balto. Md.
TB. 762 DISEASE	OR CONDITION DI		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH

15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn)(III yes, give war ar dates of servi	security No.	RECORDS: BCH, 4	,940 Eastern	Avenue, Balto. Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gives the course of the	e.g., DUE TO (B) DUE TO ving	PREA NEONAT		INTERVAL BETWEEN ONSET AND DEATH 5 hr 7hr
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	OR WHICH OPERATION	20A. AUTOPSY? [Yes or No YES S g., in ar about 21C. WHERE DID , alfice bldg., INJURY OCCUR?		NDINGS CONSIDERED SES OF DEATH? Yes City, give exact lacakan)
21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that (V) (this hospital) attend that (I) (we) last sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	ed the deceased from on (1) (We) (did) (did not	19 and the	19 (1) to (our) opini	on deoth occurred on the do
23C. PHYSIOTAN'S NAME MURRAY KUHR		Phys. Director	ore Marylan	nd Md 21224

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; the body was released to the hospital by a medical was D.O.A. at a hospital

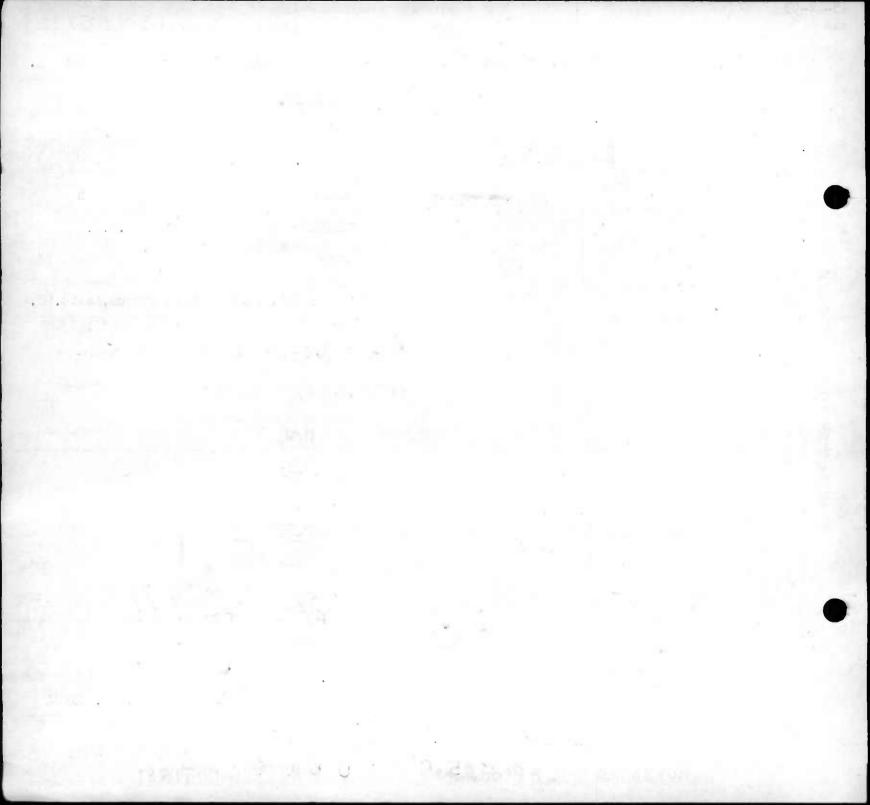
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specily)

24C. NAME al CEMETERY at

4940 Eastern Avenue, Baltimore, Md. 21224 City Hospitals 4940 Eastern Avantal Director

Avendes

VS 150-REV. 1/1/65



death assistant if IMPORTANT approved by the chief medical examiner FUNERAL DIRECTOR:

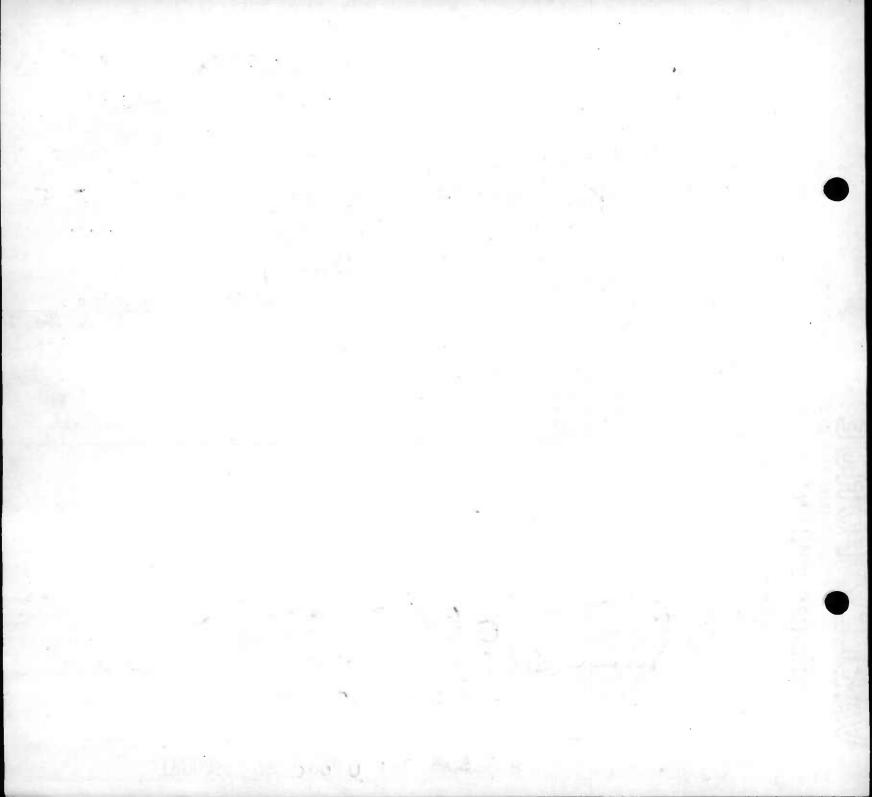
certificate must

and

hospital

occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 5 CERTIFICATE OF DEATH the Such or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) OLEMAN eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Vynere deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY ance Baltimore Maryland (If not in hospital ar institution, give street FULL NAME OF ō HOSPITAL OR oddress or location) C. CITY OR TOWN flf outside city limits, write RURAL and give township attend 0 Baltimore City Hospitals prior (If rural, give location) 615 21222 North Avondale Road regular made 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min. 5. SEX B. DATE OF BIRTH 6. RACE deceased WIDOWED, DIVORCED (specify) Never married
TOB. KIND OF BUSINESS OR INDUSTRY T. BIRTHPLACE (State or foreign country) 12, CITIZEN OF 10A, USUAL OCCUPATION (Give kind of work WHAT COUNTRY? isposition = done during most of working life, even if retired) U.S.A. Maryland SD 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME the 3 death 0 0 kind; ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no or unknown) (If yes, give war at dotes of service) SECURITY NO attendance Records: BCH-4940 Eastern Avenue any CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, OL injury or complication which caused death.) regul ANTECEDENT CAUSES who DUE TO Gre 4 DISEASES OR CONDITIONS, if ony, 3 rise to the obove cause (A) stoling the physician UNDERLYING CONDITION lost. the remains MOS medical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes) or No! 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED the O IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes before to the hospital by 21 A) ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where °Z MEDICAL DEATH (notify medical examined any nature; obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [(APPROX.) Work AT Work and 22. I certify that (1) (this hospital) attended the deceased fram last saw the deceased alive an 19 Sand that in (my) (aur) opinion death accurred an the date of hospital death) ex(did) the body was released (did not) view the bady after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff M.D. 0 Phys. Director L Phys. 11-17-1965 approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior to NAME (Type) MONA M.D. -4940 Eastern Avenue 24A. BURIAL CREMATION, 248. DATE eceased 24D. LOCATION (State) was D.O. REMOVAL (Specify) decease shows: -65 Baltimore
258. NAME OF REGISTRAR
67 2 Falkens 11-24-65 Cremated Baltimore, Maryland VS 150-REV. 1/1/65



r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased on the death. 3. PLACE OF DEATH IN BALTIMORE MARYLAN attendance C. CITY OR TOWN (III FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR oddress or (occition) 10 BATMURE prior D. STREET ADDRESS BALT MORE regular mad 9. AGE (In years 5. SEX B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) last birthday 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) disposition = done during most of working life, even if retired) Was the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME the direct 5. Was Deceased Ever in U. S. Armed Forces IMPORTANT death UO final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY Also, embalmed fracture of KESPIRAMINA LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular the chief medical examiner FUNERAL DIRECTOR: injury or complication which coused death.) ANTECEDENT CAUSES who GLO 4 DISEASES OR CONDITIONS, if ony, giving <u>ල</u> rise to the obove couse (A) stoting the 2 physician UNDERLYING CONDITION lost. remains MOS (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED before the body was released to the hospital by 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (except where °Z MEDICAL DEATH (notify medical examiner) etc.) any nature; by obtained 21 D. TIME (Month) (Doyl (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While [While At (APPROX) Work At Work pup 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive an.... 19 6/ pe shows: (1) An accident of hospital death) and hour and from the causes stated above. (1) (We) (did nat) view the body after death. must 23A. SIGN ATURE certificate must Attending M.D. 0 Director Phys. approval 0 23D. ADDRESS 4940 23 C. PHYSICIAN'S prior to NAME (Type) Murray Kuhr M.D was D.O.A. deceased p 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) 4940 Eastern

Cremated 11-23-65 Baltimore City Hospitals F 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN 25C. FUNEAU DURC'S OF HOSPITA

BURTH NO. 46.7418065 12059

BA134

M.E. CASE NO.

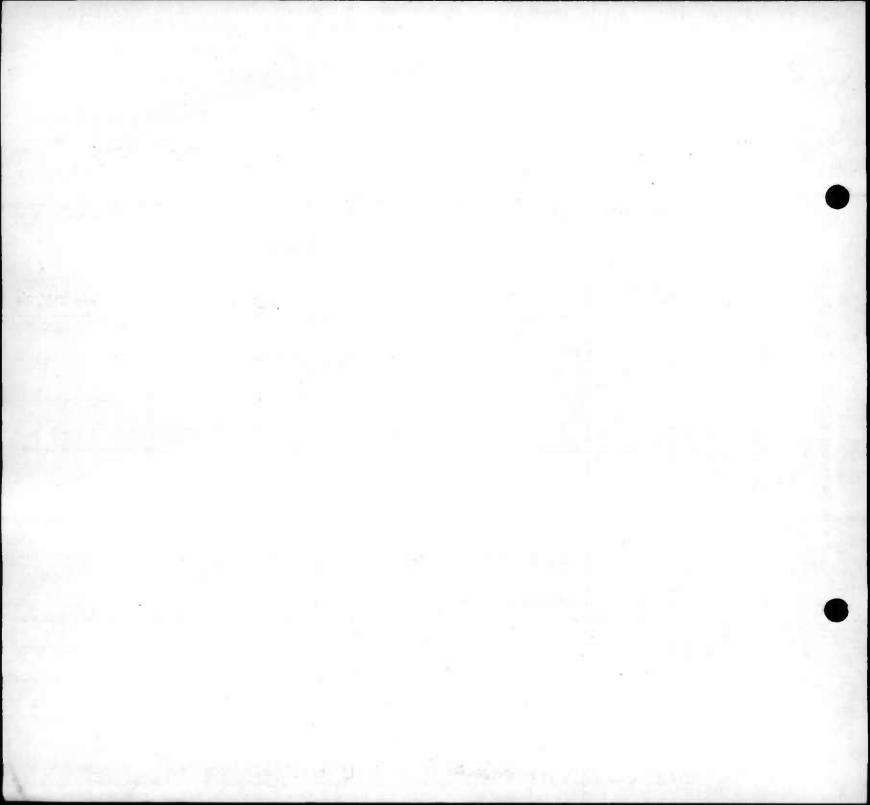
(Type or Print)

Such

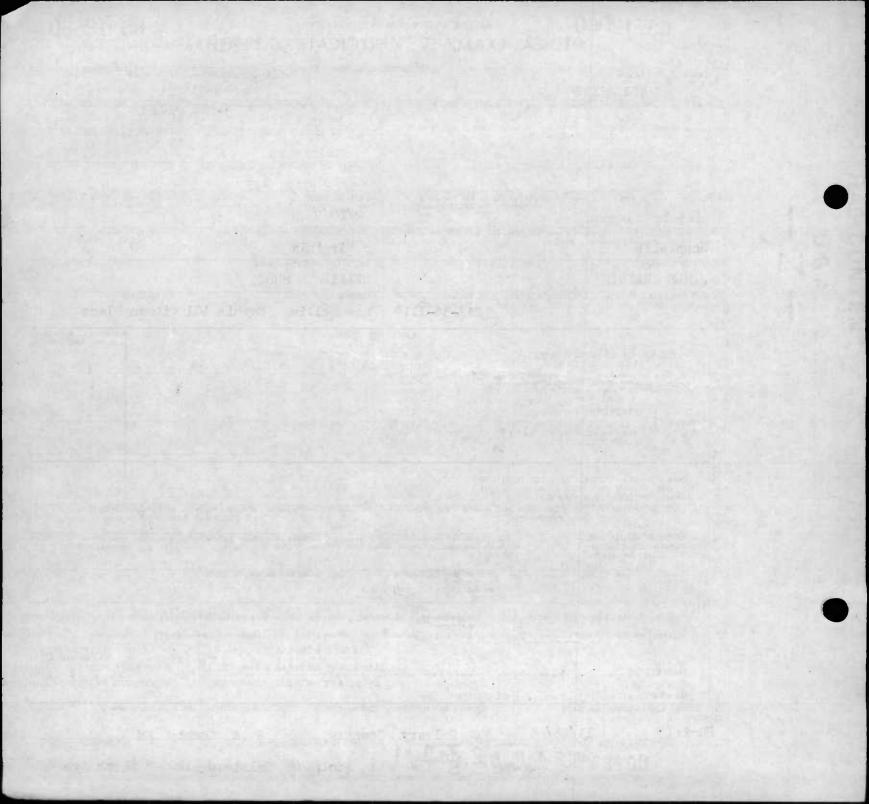
BALTIMORE CITY HEALTH DEPARTMENT Registered No \$5 12059 CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. (f institution: residence before admission) (If outside city limits, write RURAL Armstead Way 21205 If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. 0 12. CITIZEN OF WHAT COUNTRY? SA ADDRESS 21224 Records: BCH-4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes (If in Boltimore City, give exact location)ond that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED Eastern Avenue

Avenue

Baltimore, Maryland



BIRTH NO. MEDI	CAL EX	AMINER'S CI	ERTIFICA1	TE OF DEATH Registe	ered No.
M.E. CASE NO.					
1. NAME OF DECEASED (Type or Print)				2. DATE AND HOUR PRONOUNC	ED DEAD
ELIZABETH E	BEE			20 November 1965	10:50 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	NCED DEAD	4. USUAL RESID A. STATE Mary	ENCE (Where deceased lived. If ins B. COU	titution: residence before odmission UNTY
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA INSTITUTION	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOV	VN (If outside corporate limits, write	e RURAL ond give township)
Johns Hopkins	Hospit	a1		imore RESS (If rurol, give location)	1200
			1606	Barclay	
female negro		NEVER MARRIED DIVORCED (specify)	2/20/93	lost birthdov	If Under 1 Yr. If Under 24 Hrs Months, Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work	10B. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF
Housewale			Virgin		WHAT SOUNTRY?
13. FATHER'S NAME			14. MOTHER'S M.		
JAMES HAYNIE			NELLIE	RUST	
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give wor or dotes	FORCES? s of service)	215#36-1119	Mrs Nel	lie Haynie 401 P	itman Place
(This does not meen the mode of heort foilure, osthenio, etc. It menos injury or complication which coused of the country of complication which coused of the country of country of country of the countr	the discose, leath,) S NY, GIVING ATING THE				
TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CONI	IT.		20A. AUTOPSY	? (Yes or No) 208. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERF			no	IN CERTIFYING CAU	
V 21A. EXTERNAL CAUSE WAS UNDERLYING □ CONTRIB-		PLACE OF INJURY (e.g., form, foctory, street, o		/HERE DID (If in Boltimore City, gi	ive exoct location)
21D TIME (Month) (Doy) (Year) (APPROX.)		HILE AT NOT WAT W	WHILE .	OW DID INJURY OCCUR?	
22. I certify that I held on In	quiry 🗌	Inspection Aut	opsy ond	I that on this basis, death in r	ny opinion
resulted from: Notural cou	ses A	ccident Sulcide	Homici	de Undetermined monn	er 🗌
ACTUAL SIGNATURE	arles 5	Verty M.D.	ASSISTANT MI	EDICAL EXAMINER	DATE SIGNED 11/21/65
NAME (Type) Charles	S. Pett	V	ASSOCIATE M	EDICAL EXAMINER	11/21/03
23A. BURIAL CREMATION, REMOVAL (Specify)		C. NAME of CEMETERY o	CREMATORY	23D. LOCATION (City	, town, or county) (Stote)
Burial 11/26/		Mt Calvary	Cemetry	A A County	Md
NOV 26 1965	Robert Polest	E Sanday M.R	Adolp	hus Halstead 120	6 W North Ave



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D.O.A.

Was

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 12061 BIRTH NO. CERTIFICATE OF DEATH pital and of death Deceased Such the M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Nov. 24. 1965 SALTMGER uo hospital death. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance (5) Maryland cause FULL NAME OF (If not in hospital or instilution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend (4) Undetermined cause; 10 prior hal Falcroft Street D. STREET ADDRESS (If rurol, give location) contributing Ill Folcroft Street regular made 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) lost birthdoy) April 13, Female White Married 2 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired)
HOUSEWILE death = Own Home Yugoslavia MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the assistant if Joseph Cipoth Clara Benkovich IMPORTANT LO kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance hhl Folcroft Street Joseph A. Salinger any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY 100 med Slavation Caucer of lines fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart foilure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, 3 rise to the above couse (A) stating the physician remains UNDERLYING CONDITION lost. the chief medical medical burns; MOS 11 CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE acidores due to vonuties physician DISEASE OR CONDITION CAUSING IT. before the (2) Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 19A. DATE OF OPERATION 8

208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFI WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) DEATH (notify medical examiner) etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Al Work Work 30 22. I certify that (1) (this hospital) attended the deceased from 1965 that (1) (we) last sow the deceased alive an and that in (my) (our) opinion deoth accurred on the dote and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A, SIGN ATURE Rautay au 23C. PHYSICIAN'S NAME (Type) LAFAEL A . SANTA YANA

Attending M.D. Phys. 23D. ADDRESS Stoff

6010 Edstern Ave. Balto

23 B. DATE SIGNED

24C, NAME of CEMETERY of CREMATORY

24D. LOCATION (City, town, or county)

If Under 24 Hrs.

Hours

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

ONSET AND DEATH

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial

11-27-1965 St. Stanislaus

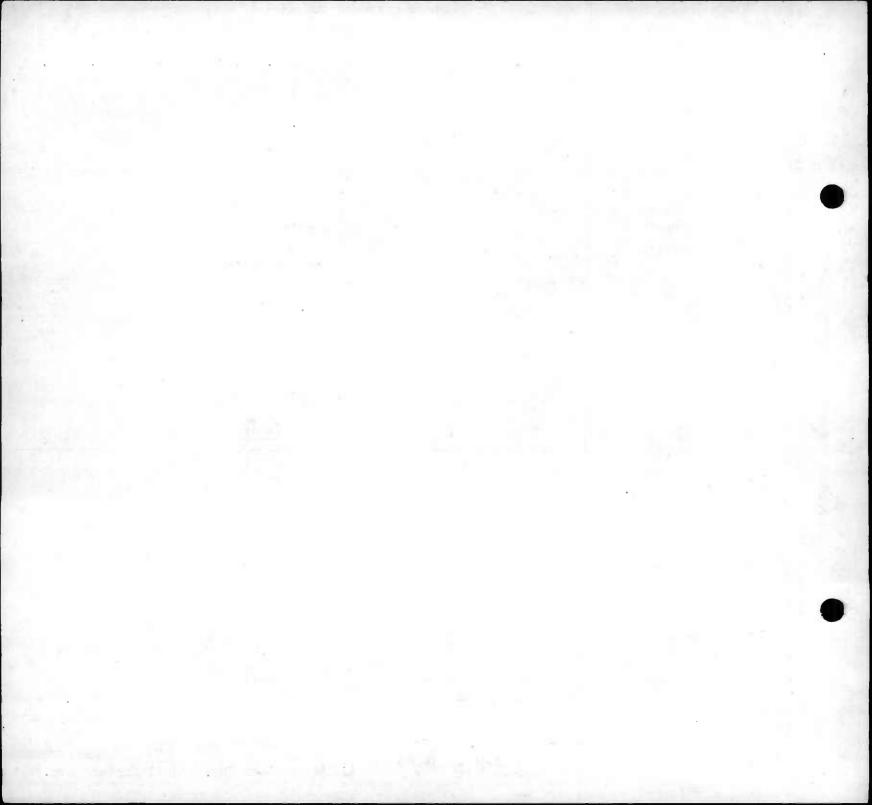
Baltimore.

25C. FUNERAL DIRECTOR 1110 & Zeider Inc.

Med. Director

ADDRESS 1901 Eastern Ave.

VS 150-REV, 1/1/65



VS 150-REV. 1/1/65

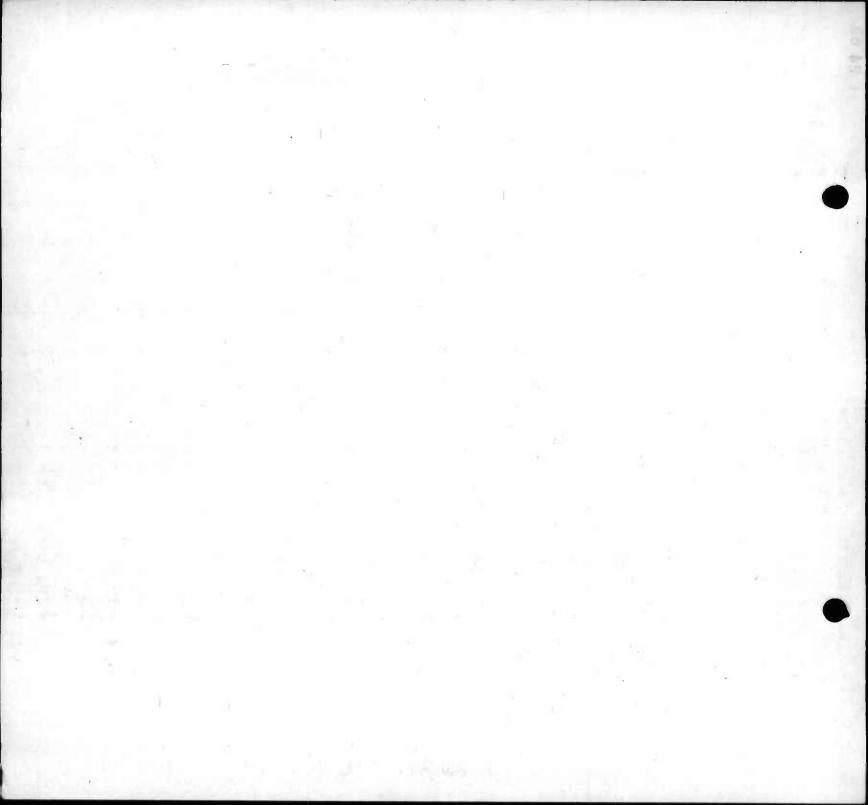
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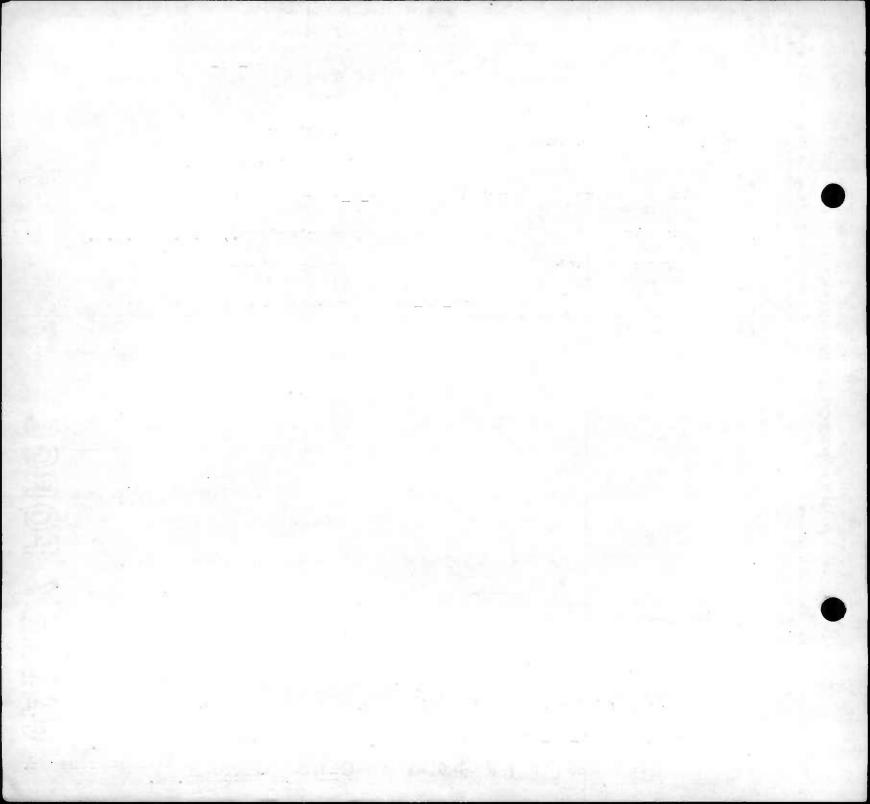
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URTH N	o. 65 12	UDC	CERTIFICA	ATE OF DEATH	Registered Na.	65 12062
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S. PLAC				A. STATE B. COUN		//a = 0 /
HOSP		hospital or institut r location)	ion, give street	C. CITY OR TOWN (If out	side city limits, write	RURAL ond give township)
TH	E JOHNS HOPKI	NS HOSPI	TAL	BALTIMORE		
)				D. STREET ADDRESS (If	urol, give location)	
				1035 WEST LW	INVALE STR	
S. SEX	6. RACE	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 2-24-89	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
			D OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done duri	ing most of working life, even i	f retired)		Rall	Md	WHAT COUNTRY?
10	Ketired			14. MOTHER'S MAIDEN NAM	1-101.	N.3/1.
3. FATE	HERS NAME			14. MOINERS MAIDEN NAM	VI E	
B	ENJAMIN MARSE	ELL		MARY MC DON	ALD	
5. Wos	Deceased Ever in U. S. A.	med Forces?	1 6. SOCIAL	17. INFORMANT	handrad	ADDRESS
	or unknown) (If yes, give wo	or or doles of serv		M TI Has	111.	30 11.9th (1.
118.	NK.		213-09-5474	Mr. John HAE		
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hed	art foilure, osthenio, etc. I ury or complication which ANTECEDENT (SEASES OR CONDITION	CAUSES	(B)DUE TO			
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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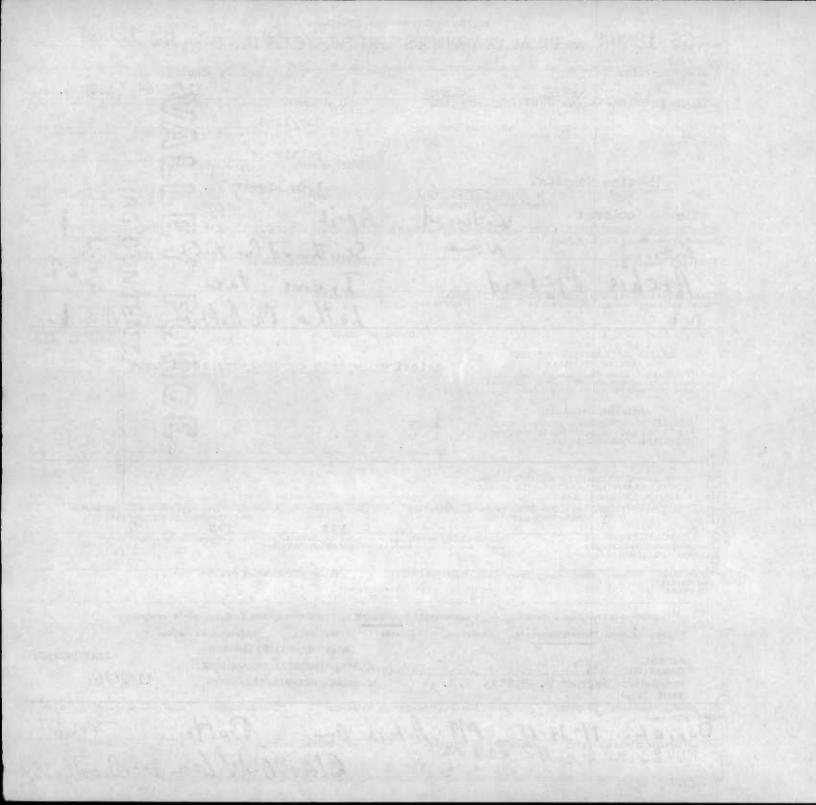
		Y HEALTH DEPARTMENT	157	10000
BIRTH NO. 65 12063	CERTIFICA	ATE OF DEATH	egistered No. 65	12063
1. NAME OF DECEASED (Type or Print) Robert Mc N	eil	2, DATE AND HO	UR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dece		sidence before odmissia
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	tion, give street	A. STATE B. COUNTY Laryland	14	= 06
INSTITUTION		C. CITY OR TOWN (If outside c	ity limits, write RURAL ood	give township)
6 Tantile a man 17		D. STREET ADDRESS (If rurol, s	ive locotion)	
Lutheran H	ospital	2911 Clifton		
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AG	E (In years If Under thday) Months:	1 Yr. If Under 24 Hr Doys Hours Min.
	rried	6-8-1907 58		Doy's Iteals Ivilia
10A, USUAL OCCUPATION (Give kind of work 10 B, KIN done during most of working life, even if retired) Mechanic	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign cou	WHA	AT COUNTRY?
13. FATHER'S NAME		Cumberland Co.	, N.C. U.	S.A.
Isaac Nc Neil		Lana Walker		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	215-05-064	Bstelle McNe	il 2911 Cli	fton Ave
18. // 00 / 1	CAUSE	OF DEATH		NTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	1 /	7	- 00	ONSET AND DEATH
LEADING TO DEATH	148-4.	C-KONAY LA	15UHICAY 2	O MINUS
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO			***************************************
injury ar camplication which caused death.)	ose,	5. H.D.		
ANTECEDENT CAUSES	(B)	3. 7.0.	6	923
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise to the above cause (A) stating				
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	JTING THE	and the same of th		
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	120A AUTORST2 (Tes or No) 20R	IF TES WERE EINDINGS	CONSIDERED
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING II. 19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OK WHICH OFERATION	20A. AUTOPST? (Tes or No.) 20B.	CERTIFYING CAUSES OF	DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21 B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURT OCCUR?	(If in Boltimore City, give	exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURT OCCURRED	21F. HOW DID INJURT O	CCUR?	
S OF INJURT	While At Not WI			
	Work At Wor		- 11/10	
22. I certify that (1) (this hospital) attend	led the deceased from	147 195	7 to 11/13	19 6 /
that (I) (we) last saw the deceased alive	an ////3	19 G and that in	my) (aur) apinion deat	h accurred an the de
and haur and from the causes stated obay	e. (1) (Wa) (did not)	view the bady after death.		
23A/SIGNATURE	, , , , , , , , , , , , , , , , , , ,	- Control deding	DAR DAT	E SIGNED
III II	M.D. A	ttending Med. Stoff		81/4,
1 1 ron N	PI	nys. Director Phys.		6-10)
PACE PHYSICIAN'S NAME (Lype)	GRANF M.C	23D. ADDRESS	nemitt	~~
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERT OF C	REMATORY 24D. LOCATI	ON (City, town, o	r county) (State)
REMOVAL (Specify)				
Burial 11-27-65	Arbutus Me		ts	id.
NOV 2 6 1965 P.	HE FORMA	25C. FUNERAL DIRECTOR	1701 t	Laurens St
VS 150-REV. 1/1/65			The state of the s	



M-943

		BALTIMORE CITY H	BEALTH DEPARTMENT		CE ADDOA
BIRTH 65 12064	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered N.12064

M.E	CASE NO.									
	NAME OF DE	CEASED					2. DATE AN	NO HOUR PRONOUNC		
,,,			SAMUE	L	McLEOD		Barrier .	11/2	5/65	1:20 p. M.
3. P	LACE IN BAL	TIMORE, MAR		HERE PRONOU	NCED DEAD	4. USUAL RESI	DENCE (Where	deceased lived. If ins	titution: res	idence before odmission)
							arvland		01411	
HO	L NAME OF		S OR LOCA		TION, GIVE STREET	C. CITY OR TO	WN (If outsi	de corporate limits, writ	e RURAL	and give township)
INS	NOITUTION					T	001+1max)	1-	1
2							altimor	l, give-location)	0	The state of the s
1	п	opkins l	Hoenit	2]				Crger		
5. S		6. RACE	TOPPIO		NEVER MARRIED	B. DATE OF BIE	304 113	9. AGE (In years	If Hade	er 1 Yr. If Under 24 Hrs.
					OVORCED (specify)	A .		lost birth doyl		Doys Hours Min.
	male	color	ed	We	dowest	Apr. L		09	1 2	
				TOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLAC	(State or forei	gn country)	12. CITIZ	ZEN OF AT COUNTRY?
done	K aL	working life, eve	en it remied)	N	one	Scot	1 sacr	Co. N.C.	111	S A.
13.1	ATHER'S NA					14. MOTHER'S	MAIDEN NAM	AE .	1 1	
	14.0	1.0	M	60.1		T		Pap		
15.1	NAS BECEAS	ED EVER IN L	S ARMED	FORCES?	16. SOCIAL	17. INFORMAN	NX	120	ADDRES	S
		n) (If yes, give			SECURITY NO.	1 4	1	Il CC.		NOI
	No					Lelh	+ 11	C Nuttie	1027	11. Drochway
	18.	2 2 1			CAUS	E OF DEATH				INTERVAL BETWEEN
	DISEA	SE OR CON	DITION DI	BECTLY						ONSET AND DEATH
	DIJEA	LEADING	TO DEATH	RECIEI	Arterio	sclerotio	cardio	vascular di	sease	
	(This does	not meon the	e mode of	dying e.g.,	DUE TO					
	injury or co	emplication whi	ch coused	deoth.)						
		ANTECENDE	NT CAUSE	S						
		OR CONDIT			(B)DUE TO					
	RISE TO TH	HE ABOVE CA	USE (A) S							
z	ONDEREN	NO CONDIT	ON EASI.		(C)					
CERTIFICATION				-						
X		NIFICANT CO	NOITIONS	CONTRIBUTION						A CONTRACTOR
표		DEATH BUT		LATED TO THE	1E					
RT					VHICH OPERATION	20A. AUTOP	Y? (Yes or No	20B. IF YES, WERE F	INDINGS	CONSIDERED
Ü	5		WAS PER	FORMED		*****		IN CERTIFYING CAL	ISES OF D	EATH?
AL	21A. EXTERNA	AL CAUSE W	AS	21 B. F	LACE OF INJURY (e.g.,	in or about 21 C.	WHERE DID	(If in Boltimore City, o	nive exect	locotion)
EDIC,	UNDERLYING	OR CONTRI	B-	home,	form, foctory, street,	office bldg., INJU	RY OCCUR?			
哥	U IIN G - CAI	DSE OF DEAT	п.							
Σ	OF INJURY	(Month) (I	Doy) (Yeo	r) (Hour) 21	E. INJURY OCCURRED	21 F. I	IOM DID IN	URY OCCUR?		
	(APPROX.)			m. W	HILE AT NOT	WHILE T				
	22.									
	1 ce	rtify that I h	eld an I	nquiry	Inspection Au	topsy X a	nd that an ti	nis basis, death in	my aplnio	n
	resu	Ited fram: 1	latural ca	uses X A	ccident Suicie	de Hami	ide 🗌	Undetermined mann	ner 🗌	
				_	~ /	CHIEF	MEDICAL E	XAMINER _		
	ACTUA		1300	11.5	2 1/	ASSISTANT	MEDICAL E	YAMINER X		DATE SIGNED
	SIGNA		man T	Snitz	M D M.D				11/	26/65
	NAME		rner U	. Spitz	M.D.	ASSOCIATE	MEDICAL	XAMINER	11/	
23A	BURIAL CR		B. DATE	230	NAME of CEMETERY	OF CREMATORY	23 D.	LOCATION (City	y, town, or	county) (Stote)
	AOVAL (Speci		· /	230	na A	o. OKUMATOKI	200.	1011	,,	201
	JUNIA	4 1	1-29	-65	MIT, HUbi	IN Ican		Isalto.		YMQ.
244	DATE RECIT	BY HEALTH	PEPT	248 NAME	OFREGISTRAR	24C. FUNI	RAL DIRECTO	R		ADDRESS
	RANAS	0 1300	Ulakre	0 E, 4a	OSEDI WA	E	1 7	13/1/2-	,	0 70 A
				1 1	(= 1)	A.L	00 f = 0	allihoon	1001	Drangley And
VS	151-REV. 1/1	/65				HTHEATE	N	Mark The State of		/ 1



		(10			BALTIMOF	RE CITY I	HEALTH	DEPARTMENT			
BIRTH		65	120	365	CERTIF	FICA1	E OI	F DEATH	Registered	No. 65	12065
1, NAA	ASE NO.	ASED						2. DATE AN	D HOUR OF DE	ATH	
	or Print) 円寸	rederi	ck S.	Her	ทาง			Novemb	per 25,	1965	18:20
3. PLA	CE OF DEAT	H IN BALTIA	MORE, MAI	YLAND			4. USUAT A. STATE	L RESIDENCE (When	e deceosed lived	. Il institutio	n: residence belore
HO	L NAME OF		n hospital a or location		ion, give street		C. CITY	ryland	side city limits,	write RURAL	ond give township)
10		Hil	lcres	st Ni	ursing Hom	.е	D. STREET	ltimore TADDRESS (IF 216 Loch I	urol, give locotio Raven B.		
5. SEX	M	. RACE W		WIDO	RIED, NEVER MARRIED OWED, DIVORCED (spe Widowed	cify)	ept.	29,1876	ost birthdoy)	Mon	nder 1 Yr. If Under 1 Doys Hours
				TOB. KIN	D OF BUSINESS OR IN					12.	CITIZEN OF
	uring most of wo			H.	ducation		Ohio				U.S.A.
	THER'S NAMI		-	ت ا	~~~ OT OII			TER'S MAIDEN NA	A E		O D D D D D D D D D D D D D D D D D D D
Che	rles H	Hemry					Alic	e Squire			
5. W c	s Deceased E	ver in U. S.	Armed Ford	ces?	1 6. SOCIAL		7. INFOR	-			ADDRESS
(Yes, n	or unknown) (Il yes, give	wor or date:	s ol serv	212-32-1	j		Sallie :	Hemry	(Same	
h ir D	his does no earl failure, a jury ar camp	sthenia, etc. licotian which NTECEDENT CONDITION above ca	DEATH mode of II means th caused CAUSES ONS, if cause (A)	dying, the dise death.)	ease, (B) DUE	<u>Cer</u>	ehr	al Th	rombo	112	
ATIC	THER SIGNIFI O THE DEA DISEASE OR C	ONDITION C	NOT RELA	TED TO	THE						
RTIF	A. DATE OF C		WAS PERF	ORMED	FOR WHICH OPERATIO			UTOPSY? (Yes or No	IN CERTIFYING	G CAUSES	
0 21	A. ACCIDENT R CONTRIBUT EATH (notify r				218 PLACE OF INJUI home, lorm, foctory, etc.)	RY (e.g., in street, olfi	or obout 2 ce bldg., 1	21C. WHERE DID INJURY OCCUR?	(If in Bo	Illimore City,	give exoct locotion)
30	D. TIME (FINJURY PPROX.)	Month) (Do	y) (Yeor)	(Hour)		RED Not While At Work		21F. HOW DID INJ	URY OCCUR?		- E
1 h	ot (I) (we) I	ast saw the	uses star	d alive	/e. (1) (We) (did) (dic	D. Atten	ding D. ADDR	6 5 and the body after death. Med. Director	Stofl Phys.	238.	death accurred and DATE SIGNED
	URIAL CREM		DATE		C. NAME of CEMETER				CATION		rn, or county)
	rial	11	/29/	1965	Druid Ri	dge	Cem.		kesvill	e, Ba	lto.Co.,
25A. [NOV 26		DEPT.	25B. NA	ME OF REGISTRAR		25C. F	Jenkins	& Sons		4905 Yorl

1965

death accurred on the date

If Under 24 Hrs. Hours Min.

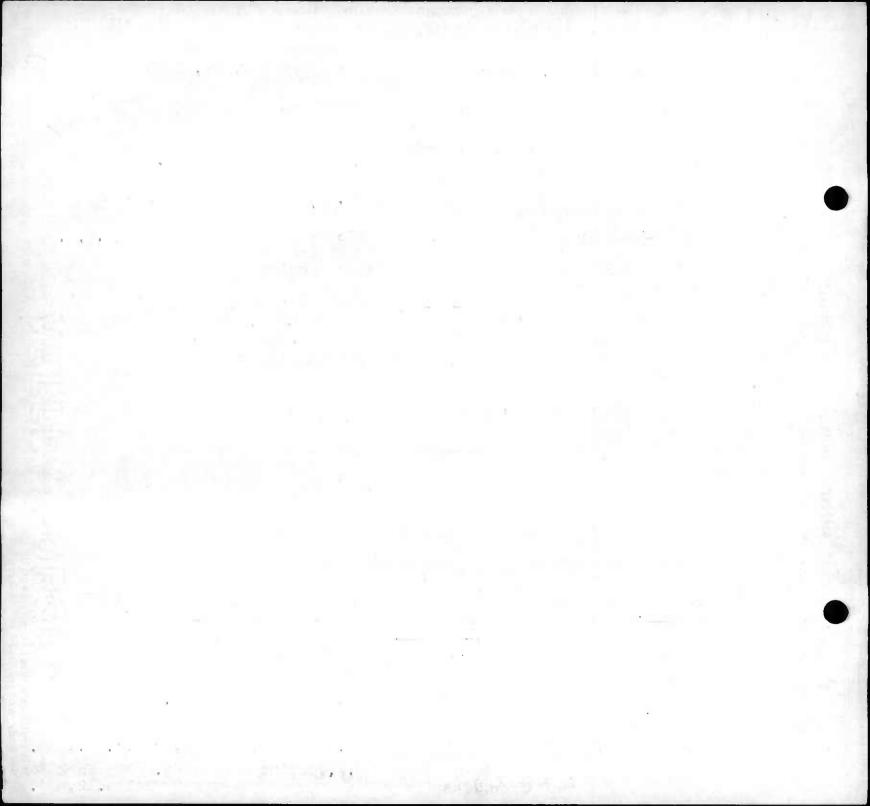
INTERVAL BETWEEN ONSET AND DEATH

Pikesville, Balto.Co., Md.

25C. FUNERAL DIRECTOR

H.W. Jenking & Sons Co. 4905 York Road

Balto.12, Md.



BALTIMORE CITY HEALTH DEPARTMENT 65 12066 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD ARTHUR FOSTER November 24, 1965 STANLEY 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Union Memorial Hospital 500 Dunkirk Road 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE WIDOWED, DIVORCED (specify) lost birthday Months, Doys : Hours , Min. Male White Married Dec. 11. 1897 ton USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Cashier Superior Court Baltimore, Md. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Mattie L. Jurey Frances K. Foster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 6. SO CIAL SECURITY NO. (Yes, no ar unknown), (If yes, give war or dates of service) Yes LWW 212-18-0950 Mrs. Marguerite W. Foster (Same) INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multiple Traumatic Injuries. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION Arteriosclerotic Cardiovascular Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE with Abdominal Aneurysm. CERTIFI DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., NJURY OCCUR? etc.) Street Charles St., S. of Goodale Road 21 D TIME 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) OF INJURY 165 MHILE AT NOT WHILE (APPROX.) Driver in auto-auto collision. I certify that I held an Inquiry Inspection Autopsy X ond that on this basis, death in my opinion resulted from: Notural causes Accident X Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 11/25/65 SIGNATURE ASSOCIATE MEDICAL EXAMINER EXAMINER'S

Charles S. Petty, M.D.

248, NAME OF REGISTRAR

23C. NAME of CEMETERY or CREMATORY

23D. LOCATION

1965 Moreland Memorial Pk. Parkville, Balto.Co., Md.

24C. FUNERAL DIRECTOR

(City, town, or county)

Baltimore 12. Md.

H.W. Jenkins & Sons Co. 4905 York Road

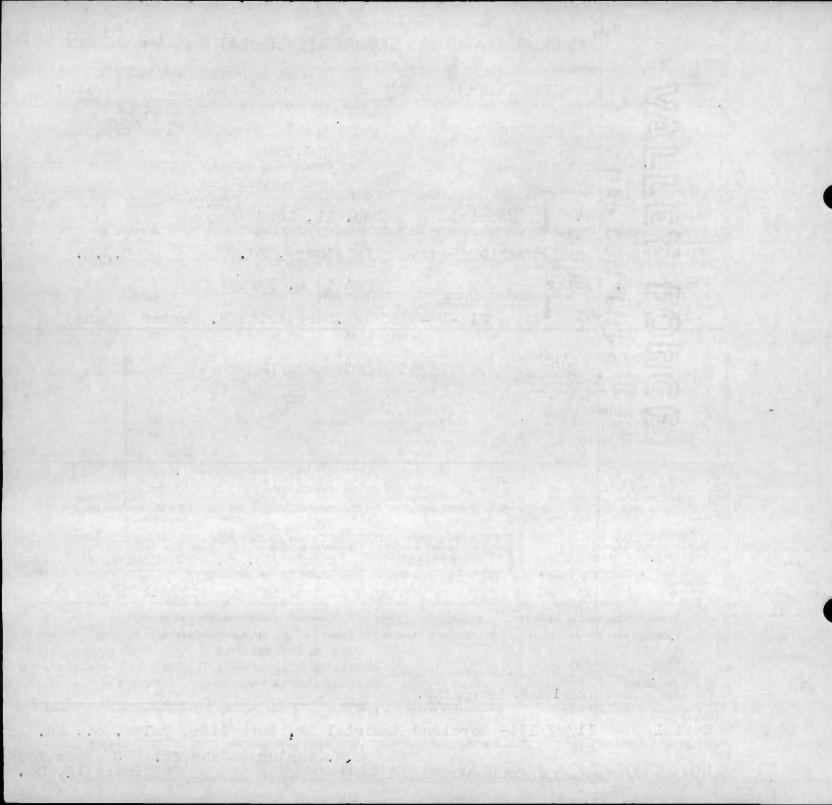
NAME (Type)

23A. BURIAL CREMATION,

24A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Burial

238, DATE



Such

prior to death.

	BALTIMORE CITY	HEALTH DEPARTMENT		CE 4000m
BIRTH NO. 65 12067	CERTIFICA	TE OF DEATH	Registered No.	03 1206/
1. NAME OF DECEASED	YOUGH	2. DATE AND	HOUR OF DEATH	5 3:35P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If insti	tution: lesidence befale odmissian?
FULL NAME DF (If not in hospitol at institution HDSPITAL OR oddress or location) JNSTITUTION	n, give street	C. CITY OR TOWN (If outs		RAL and give township)
CHURCH HOME and	HOSPITAL		MORE	
CHURCH MINICHAN	13027 17702	CHURCH	HOME	
	DE NEVER MARRIED	MAR. 5, 1876	AGE (In years birthdoy)	If Under 1 Yı. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
not known NURSE.	- HOSPITAL	MARYLAND		4.5.1.
ROBERT S. HOUG	H	FANNIE	TILGHM	IAN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no know	215-48-6030	1805/	- SORT	
18.491X	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	9	Innelionen	uni	7 week
(This daes nat mean the made af dying, e., heart failure, asthenia, etc. II means the diseas				
injury or complication which caused deoth.)	40			
ANTECEDENT CAUSES	DUE TO		mh a a a o consecus a cassació toro n conditio e fre d'inde	
DISEASES OR CONDITIONS, if any, giving itself to the above cause (A) stating the				
UNDERLYING CONDITION last.				
O DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG THE	ENILITY		
	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF	1B. PLACE OF INJURY (e.g., i ome, form, foctory, street, o	n or obout 21C. WHERE DID	(t(in Boltimore (City, give exact location!
S OF INJURY	TE INJURY OCCURRED While At Not While At Work		RY OCCUR?	- 51 to -
22. I certify that (I) (this hospital) attended		ent 2	65 . 10	ov. 23 19 FJ
that (I) (we) last saw the deceased alive ar	10.1 7-6	19 65 and tha	t in (my) (aur) aplni	an death accurred an the date
and haur and from the causes stated above.				
23A. SIGNATURE				3B, DATE SIGNED
Benjan There	M.D. Att	ending Med. Significant Med. Director	otoff Phys.	11/23/5
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11	1 the
Reuben Geurre		Clivily	Bal timore	Md.
24A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify)	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	town, or county) (State)
	ruid Ridge		esville, E	Balto.Co., Md.
NAV 9 & 1065 A 2 0	E OF REGISTRAR	H.W. Jenkins	& Sons Co.	4905 York Road

Sons

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1965

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VS 150-REV. 1/1/65

74/16521 you such HOYPHS SMOH HORES 16 Rot known It lucy burdigum MI.71035 100 TO I THE WILL Parter Thomas durch in al low

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	H NO.	65 12	2068		TE OF DEATH	Registered No	3089ESTE		
1. N	AME OF DEC		-000	4	2. DATE AND HOUR OF DEATH				
(Ту	pe or Print	SWERT. R.	155011	Addison	11-2	5-65	9130 A. M		
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street			4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Hery and C. CITY OR TOWN (If outside city limits, write RURAL and give township) 3011 w. or e D. STREET ADDRESS (If rural, give location)					
- 1	NOSPITAL OR oddress or location) NOTITUTION Consersity Hospital								
?									
					6308 Bunbary Rd. #12				
	M X3	6. RACE	MDOM		10-31-05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		JPATION (Give kind of work working life, even if retired)		OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?		
	Machi		Arm	ico Steel	Maryland		USA		
3.	FATHER'S NAN	A E			14. MOTHER'S MAIDEN NAME				
	Edwar	d Towers			Ida Borwin	k			
5.	Wos Deceased	Ever in U. S. Armed Fo.	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
	MACHIENE	off yes, give wor or dote	s of service	212-03-5134	University H	espital 13	ecords		
	18. 4-2 C), / 1		CAUSE O	F DEATH	,	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO				racardial Iv	farction	9-10 days		
	heart failure,	asthenio, etc. It meons plicolian which coused							
		ANTECEDENT CAUSES OR CONDITIONS, if			tension				
	rise to the	obove couse (A)		•		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	UNDERLYING CONDITION lost.								
AL CERTIFICATION	TO THE D	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING	ATED TO				1 4 6		
		OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE home, form, foctory, street, office bldg, INJURY OC						(If in Boltimo	re City, give exact locotion)	
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?								
ξ	(APPROX.)			While At Not While					
	Work L At Work L								
	22. I certify that the (this haspital) attended the deceased fram 1-16- 1965 to 11-25 - 1965								
	that the (we) last saw the deceased alive an 11-25 - 19 55 and that in (my) (aur) opinion death accurred on the date								
	and have and	from the causes sta	ted abave.	(Ne) (did) (did) v	few the body after death.				
	23A. SIGNATU	RE					23 B. DATE SIGNED		
	Jan 1	Donabel th	4,4	M.D. Atte	ending Med. Director	Stoff Phys.	11-25-65		
	23C. HYSICIA NAME (T	ype) John W. Tid	well		Carrest	Hospita	\		
24/	BURIAL CRE			NAME OF CEMETERY OF CRE	MATORY 24D 1		ity, town, or county) (State)		
	Burio		11 1	ardens of Fa	. 1 /	0 1	eore, Md.		
254	NOV 2	6 1965 P. Creat	258 NAM	OF REGISTRAR	Lepnard J.	Ruck Inc.	Balto. Md. 21211		
VS	150-REV. 1/1/6	55		•					

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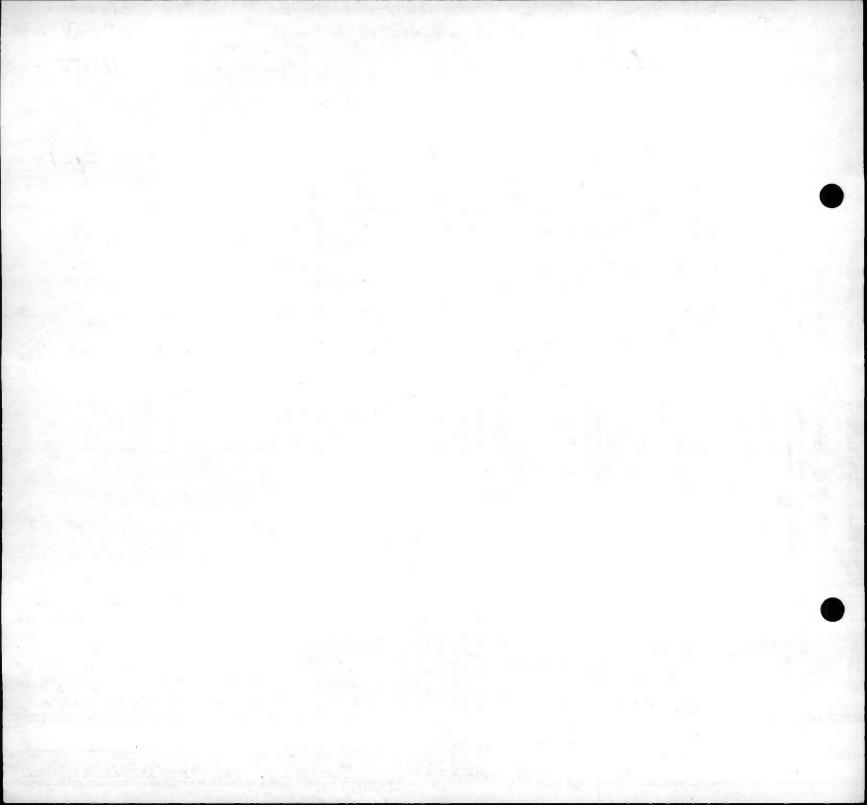
ance

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH Louis (Type of Print) PEDERSON 4. USUAL RESIDENCE (Where decoosed lived. If institution; residence before odmission) 11155 AM 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. CDUNTY MARYLANDS FULL NAME DE (If not in hospital as institution, give street HDSPITAL DR oddress or location) flf outside city limits, write RURAL and give township INSTITUTION RAMORE IMOPE 20120 TRAMORE 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthday MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ERIOR, WISC. done during most of working life, even if retired) MODINE ENGINERO U.SIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OLDSON, ELIZABETH. 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. 216-12-7649 WIFE 6218 TRAMORE ROLS BOLLING NO CARCINOMA OF THE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY AUGIT LEADING TO DEATH LUNGS (SMALL CELL (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injuly of complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examined etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPRD X.) At Work 22. I certify that (1) (this hospital) attended the deceased from SEP 7 that (1) (we) last saw the deceased alive on NBV and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending [Med. Stoff NOV. 24, 1965 Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 8713 HREFORD ROMD BRUTHICKEND EDMUND 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Dulaney Valley Cemetery Baltimore, Md.

Leonard J.

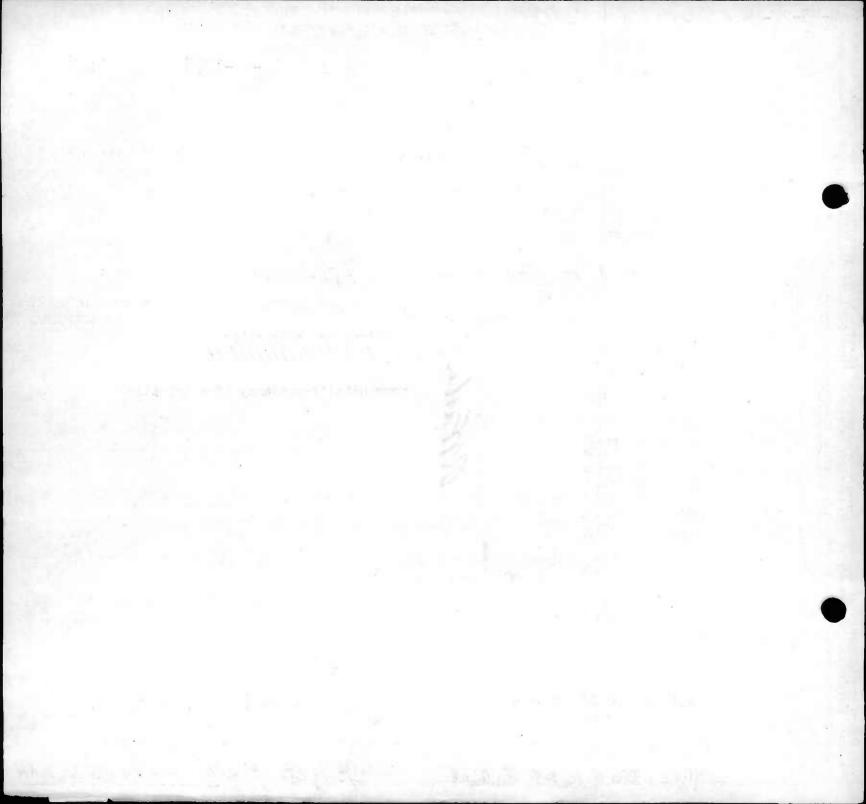
Ruck Inc Baltimore, Md.

258. NAME OF REGISTRAR



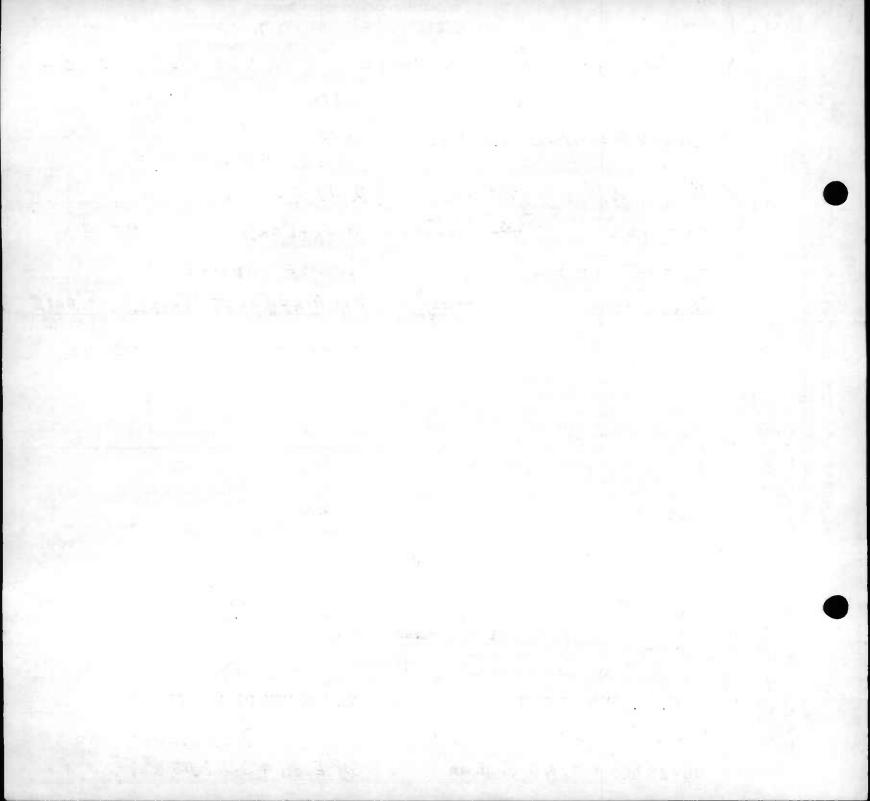
BIRTH NO. W 65 12070 M.E. CASE NO.	/	TE OF DEATI	Registered No	65 12070					
(Type or Print)	Herd	2. DAT	E AND HOUR OF DEAT	9:30P					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	пела	4. USUAL RESIDENCE (A. STATE B. C	Where deceased lived 11	institution: residence before admission					
FULL NAME OF (If not in hospital or institution				1/-08					
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township) ampa D. STREET ADDRESS upp, give location)							
5909 Arabia Ave.									
		con della							
	WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.					
temale white wid	dowed or industry	8-25-1865	foreign country)	12. CITIZEN OF					
done during most of working lile, even if retired)	wn Home			WHAT COUNTRY?					
13. FATHERS NAME O		Maryland 14. MOTHER'S MAIDEN NAME							
Frederick Storm		Louise Lecker							
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
No	: Mone	Mrs Chr	issue Conra	rdson, Tampa, Fla					
18.422, 11	CAUSE C	F DEATH		INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY								
	(This does not mean the mode of dying, e.g., DUE TO								
injuly all camplicotion which caused death.)									
ANTECEDENT CAUSES	EN PEDUE TO	-7 -0 THERMORE 6 -0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$4 \$1000 page 1000 000 000 000 000 000 000 000 000 0						
DISEASES OR CONDITIONS, if ony, giv	ing Berger								
UNDERLYING CONDITION Iosi.	3/4	M A A A A A A A A A A A A A A A A A A A	000000000000000000000000000000000000000	40 *** *** 0 0 0 0 *** (
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TINE SUIT								
TO THE DEATH BUT NOT RELATED TO	THE PER								
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	9/50		ore City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, etc.)	ffice bldg., INJURY OCCU	R?	one only, give exect todatem					
OF IN LIEU (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?						
OF INJURY (APPROX.)	While At At Work								
22. I certify that (I) (this hospital) attende	d the deceased from		19to	19					
that (I) (we) lost saw the deceased alive of	on	19an	d that in (my) (pinion death occurred on the de					
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
28A. SIGNATURE			e. #	23B, DATE SIGNED					
In old or I will	36 M.D. Att	ending Med. Director	Stoff Phys.	11/26/61					
NAME (Type)	()	23D. ADDRESS	2.0-	21-50 120					
24A. BURIAL CREMATION, 24B. DATE 124C	ZE C M.D.	2009 to	LOKEEN A	NE DIED IN					
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24		(City, town, or county) (State)					
REMOVAL (Specify)	Darkwaad C-	4	9-11:	A1 /					
burial 11/29/65	Parkwood Ceme		Baltimore,						
Specify 11/29/65 /- 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Parkwood Ceme	25C. FUNERAL DIREC	CTOR	Md. Address ac Baltimore, Ma					

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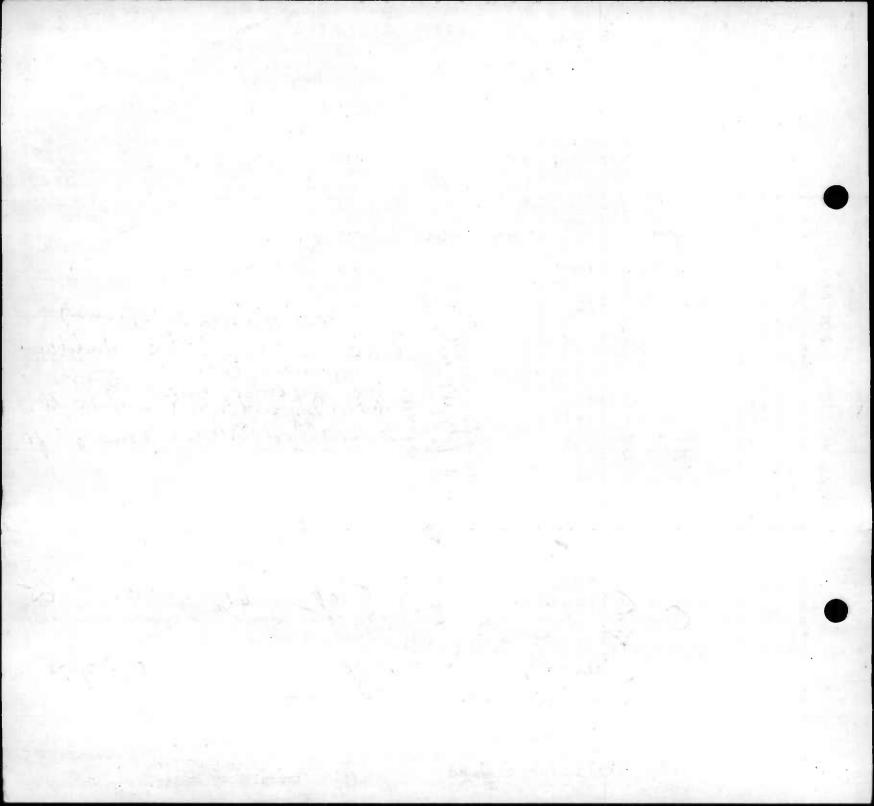
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

05 42072	BALTIMORE CITY	HEALTH DEPARTMENT	/	
MRTH NO. 65 12072	CERTIFICA	TE OF DEATH	Registered No	65 12072
M.E. CASE NO.	OLK TITO	/		
1. NAME OF DECEASED		A 1	D HOUR OF DEATH	
WILLIAM PREDER	RICK IHIH			10;25 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE When	e decoosod/lived. If instit TY	ution: rosidence before admission)
		MAD		Dulto-
FULL NAME OF (If not in hospital or institution, given hospital OR oddress or location)	o street	C. CITY OR TOWN III out	side city limits, write RUI	(Al and give township)
INSTITUTION		DA. TIMO	of	One give learning,
UNION MEMORIAL HOS.	PITAL	D STREET ADDRESS III	rurol, give locotion)	90 9
0 1100				UE
			MMIT A	V - ,
5. SEX 6. RACE 7. MARRIED, N	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years I lost birthdoy) N	f Under 1 Yr. If Under 24 Hrs. Norths: Doys Hours: Min.
M WHITE MAK	RIED	2/17/96	69	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B		11. BIRTHPLACE State or foroi	gn country)	2. CITIZEN OF
done during most of working life, even if refired)	METALD	Muselman	15-	WHAT COUNTRY?
RETIRED - GAK	Worker	バードイトロル	D	U,31A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A A	
AUGUST HIEL		LOUISE /	MENKE	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL ,	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 2136	MacMana	ANT T.	SAME
UNK	-CAN-13-	MRS. MARG	HKEL 1911	EL - JAME
18. 6 27, 11	214 - CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	E	000000000000000000000000000000000000000		
LEADING TO DEATH	(A)	MAJZYHAM	••••••••••	10 448
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			U '
injury at camplication which caused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, giving	002 10			
rise to the above cause (A) stating the	(C)	photocock 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
UNDERLYING CONDITION last.				
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WH WAS PERFORMED	IICH OPERATION	20A. AUTOPSY? IYes or No	IN CERTIFYING CAUSI	DINGS CONSIDERED
EONONE		NO		
	LACE OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	IIf in Boltimore C	ity, give exect location)
▼ DEATH Inotify medical examiner etc.)	tomi, rociory, sirect of	nee siage, itteati a cook.		
21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
While			oki oddok.	
(APPROX) Work	At Work	° 📙		
22. I certify that (this hospital) attended the	deceased from	ict 21	965 to NO	U. 23 1965.
that (we) last saw the deceased alive an	NOV. 23	/		in death accurred on the date
			of the graph (dot) opinio	m death decorted on the date
and haur and fram the causes stated above.	(We) (did) (did mat) v	iew the body after death.		
23A. SIGNATURE				B. DATE SIGNED
X. Cvan luster	M.D. Atte	ending Med. Director	Phy s.	11-23-1965
23C. PHYSICIAN'S		23D. ADDRESS		
DR. L. EVAN CUSTER	M.D.	UNION MEMO	DRIAL HOSPI	TAL
	AE of CEMETERY OF CRI			town, or county) (State)
THOUAL ISpecify)	D CEMETER OF CRI	240. [CATION ICITY.	MA 1
DURIAL 11-27-65 T	ARKWOO	4	Dahlima	re Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR		ADDRESS A
NOV 2 8 1965 A A A A A	LAN O O	COT EVANC 4	SIN 8802	HARtoad Rd
VS 150-REV, 1/1/65	71	The state of		11,4,10,10
TO 100-RET, 1/1/00				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			11	BALTIMORE CITY	HEALTH DEPARTA	AENT	OF LOOK
BIRT	H NO.	65747	2073	CERTIFICA	TE OF DEA	TH Registered No	65 12073
	AME OF DECEA		2010			DATE AND HOUR OF DEAT	4
(Тур	pe or Print)	Wesley J		st		Nov. 22, 1965	10:30A N
3. P	PLACE OF DEATH	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDEN	CE (Where deceased lived, If B. COUNTY	institution: residence before admission
	ULL NAME OF	(If not in hospital		give street	Maryland		Balle
	HOSPITAL OR NSTITUTION	oddress or locofic			c. City or town Baltimor		e RURAL and give township)
Ġ		Union Memor			D. STREET ADDRESS		
		Baltimore,			-	Harford R oad	
5. S	ale 6.	White	7. MARRIED, WIDOWEL	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 11/21/1910	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		ATION (Give kind of wor rking lite, even if retired)		Florest			12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		Dauers	riorast	Baltimore,	DEN NAME	
		1. Akehurst					
16 *				11 4 000001	Grace Eug	enia Carpenter	ADDRESS
(Yes	s, no or unknown) (I	f yes, give wor or dot	es of service)	SECURITY NO.			ADDK522
	Yes	War 11		215-07-3113	Martha B.	Akehurst (Wife)	Same
ATION	DISEASES OR rise to the UN DERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CO	ICONION WHICH COUSES TECEDENT CAUSES CONDITIONS, if obave cause (A) CONDITION last.	ony, giving stating the CONTRIBUTING ATED TO TH	E S	told In	collery dise	gee 4 frold. elevous of typ
ERTIFIC	19A. DATE OF C		NDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? ()	res or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
CAL CE	OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF Dedicol exominer)	21 B. horr etc.	PLACE OF INJURY(e.g., i	n or obout 21 C. WHER ffice bldg., INJURY Of	E DID (If in 8oltim	ore City, give exact location)
MEDI	OF INJURY (APPROX)	Month) (Doy) (Year)		INJURY OCCURRED Ile At Not Whi rk At Work	le 🗀	DID INJURY OCCUR?	1) (-
	thg (1) (we) 1	roughelcauses stored Frank T	ed alive on	Jr. M.D. Att	ending Med. s. Med. Direc 23D. ADDRESS 9005 Harfo	ord Road	pinian death occurred on the dot 238. DATE SIGNED 11 2-3 6 City, town, or county) (State)
25 A	Burial NOV 26	Y HEALTH DEPT.		eland Memoria	25C. FUNERAL D	K. Seitz 5209	ADDRESS
	150-REV. 1/1/65	Volver	ا د ا المرا	The state of the s	Seitz F	Anna 13 77	lto. Md.



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CE 400r	BALTIMORE CIT	Y HEALTH DEPARTMENT	CE ADDICA
BIRTH NO. 65 1207	CERTIFICA	TE OF DEATH Registered	65 12074
M.E. CASE NO. 1. NAME OF DECEASED	400	2. DATE AND HOUR OF DEA	ATH
(Type or Print) MRS ROSE	Rykowski	11-22-65	- 19+ 30 A FE
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceosed lived.	
FULL NAME OF (If not in hospital a	r institution, give street	MARY 6 on d	Balto
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
	w .	D. STREET ADDRESS (If turol, give location	33-00
Chunch Homes	s Hospital	2111 Pakland P	/
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B, DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FW	widowed	8-21-1893 72	
IOA. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
house aurifu		Many Cand	U-G-A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
michael Cies	101	4.	
Michael Ges 5. Was Deceased Ever in U. S. Armed Force		17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	10/ -	ADDRESS
No		MRS. MRA RUdoli	- SAME
18. 3.30 Y I	CAUSE	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ECTLY		
LEADING TO DEATH	(A) Are	barach nord himse	where lange
(This does not mean the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO		
injury or complication which coused	deo Ih.)	b arach nor d hima rterio relevons,	44444
ANTECEDENT CAUSES	(B)	r proming	in gener
DISEASES OR CONDITIONS, if o	000 10	/	
rise to the obove couse (A)			
UNDERLYING CONDITION last.			
. 11		•	
OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TED TO THE	ticulitie	and Rea
DISEASE OR CONDITION CAUSING IT			week
19A. DATE OF OPERATION 19B. CONE		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
	210 81 4 65 05 15 110 1	in a share of the state of the	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	imore City, give exact location)
<u>U</u>	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not Wh		
(APPROX.)	Work At Work		
22. I certify that (I) (this hospital)	attended the deceased from	11-8 19 65 to	11-2-2 1969-
that (1) (we) lost sow the deceased	olive on 11-72 -	19 61 ond that in (my) (our)	
and hour and from the couses state			
23A. SIGNATURE		view like oddy otter deorn.	23B, DATE SIGNED
10100	M.D. As	tending Med. Stoll	11 6
Whalfo y- M.	agpanlag Ph	ys. Director Phys.	11-22-67-
23C.PHYSICIAN'S NAME (Type)	//	23D. ADDRESS	
Rodolfo I. MA	AGDANTAY M.D	church Home	I to shital
MAA. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CI		(City, town, or county) (State)
REMOVAL (Specify)		Baltimore M	arvland
burial 11 25 6	5 St Stanislau	25C. FUNERAL DIRECTOR	ADDRESS
MANA A MART A	O Z Q mis o		
	C. CLUBEUMB !!	Raymond L. Kaczorowsk	
VS 150-REV, 1/1/65			21224

11475 7 6 50 16 24.000 22 200 Charles Home & May Tol 2117 Pak Every 116 8-21-11-5 72 Now was a second Money Care he use anope Michael CHERCEL Marchen war fact a backyer of himsenings strong artem many for for Dage to To Contra 11-21- 11-8 05 11-12 11the to Che & May provides Rodelfe T. MAGDALTON the season were a sea of worth fact this also manage . I have you

IMPORTANT FUNERAL DIRECTOR:

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BALTIMORE CITY HE	ALTH DEPARTMENT
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	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 1207	5 CERTIFICA	TE OF DEATH	Registered Na.	400pr
M.E. CASE NO.		2. DATE AN	D HOUR OF DEATH	12075
(Type or Print) KRIEGER, HE	2121111		23-65	1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	DIE	4. USUAL RESIDENCE (When	e deceased lived. If institu	ition: residence belare admission)
		A. STATE B. COUN		T-12
FULL NAME OF (If not in hospital or instit HOSPITAL OR oddiess or location)	lution, give street		side city limits, write RUR	Al and give township)
1 3702 OVERVIEW	AND.	Balt.	City #	
		D. STREET ADDRESS (If	rurol, give lecotion)	4
BALTIMORE, M. 2	1/2/3	3702 CU	enview Rel	
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily)	B. DATE OF BIRTH		Under 1 Yr. II Under 24 Hrs.
MW	Menzied	3 -90	75 yxx	
dong during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country) /	2. CITIZEN OF WHAT COUNTRY?
	Seli	Paland		U.S.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
HERSCHEL KRIEG	asdean	LAda 10	RICGSHOMA	- 10
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of se	116 SOCIAL	17. INFORMANT	riegsHonne	ADDRESS
NO	217-32 9G	BERINN KI	210000	
118. 21. 20. 21.	CAUSE O	F DEATH	regen	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		1 1	01	ONSET AND DEATH
LEADING TO DEATH	101	yocardial o	Infarction	
(This does nat mean the made of dying, heart failure, asthenia, etc. It means the di	e.g.,	1		
injury ar camplication which caused death.		a talle di P	1. ~ .	XL.
ANTECEDENT CAUSES	(B) CAY (C	sux consta far	of evasionas	Virtue
DISEASES OR CONDITIONS, if any,	giving			
rise to the above cause (A) stating UNDERLYING CONDITION last.	g the (C)	00000000000000000000000000000000000000		
II				
O OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
198. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
W 21A ACCIDENT WAS UNDERLYING	Into Black Or Intilley	1216 1411505 515	Of the Burney	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, lorm, loctary, street, o	fice bldg., INJURY OCCUR?	III in Boltimore C	ty, give exact location)
0	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While At Work	e 🗌		
22. I certify that M (this hospital) atter	nded the deceased from 5	May 1	9 65 to 23	NOV 1965.
that (M (we) last saw the deceased aliv		1		n death accurred an the date
and haur and fram the causes stated abo				
23A. SIGNATURE	ive. (i) Grey (did) (gga-ilot) (new the body offer death.	23	B. DATE SIGNED
la lemen May	And Alle	ending Med.		23 New 65
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	22,000 62
NAME (Type) Solomon To	obbins M.D.	Sinai Hosp	sital, Bolis	nore Ad.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR			lown, or county) (State)
REMOVAL (Specily)	130 60 00 0	111 12	1 , 77	7-1
25A. DATE REC'D BY HEALTH DEPT. 1258 N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	14×10,00	ADDRESS.
	Farley MA		\$ INC. 210	al Control
VS 150-REV. 1/1/65	Access of the	1 DULLER CORE	0 - NC. 216	of Eutral PL.
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BALTIMORE CITY HEALTH DEPARTMENT 65 12076 BALTIMORE CITY HEALTH DEPARTMENT 12076 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 12076

M.	E CASE NO.		D						
1.	NAME OF DEC		/_				2. DATE AND HOUR PROP		
,,,	pe or time	DA	VID JOHN	SON			November 24	, 1965	1:30 A
3. 1	PLACE IN BALT	IMORE MAR	LAND, WHERE	PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived	d. If institution: resi	dence before admission
						A. STATE	vland	B. COUNTY	Dubte
FU	LL NAME OF	(IF NOT I	OR LOCATION	R INSTITU	JTION, GIVE STREET		VN (If outside corporate limi	ils, write RURAL d	nd give lownship)
IN:	SPITAL OR		0 20 0771101				timore 29		153-103
1					. The state of the		\sim		905 00
4		Lut	heran Ho	spita	al		ESS (If rural, give location)		
							Westtown Road		
5. 5	SEX	6. RACE			NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In	yeors If Unde	1 Yr. If Under 24 Hrs Doys Hours , Min.
	male	white	WID		or a lo	18pc. 14	- 11/7/19		2073 110013 111111
			kind of work 10B.	KIND ØF	BUSINESS OR INDUSTR	YII. BIRTHPLACE	State or foreign country)	12. CITIZ	FN OF 17
		weeking life, ever		K	11.00	Q - B	1	WHA	T COUNTRY?
	/Zu	den	1	MC	score	1300	o ma	u	DUC
13.	PATHER'S NAM	TE /		1	7/	14 MOTHER'S M.	AIDEN NAME	1	
1	71. MO	John	sou	4		Lea	la len	ple	n
15.	WAS DECEASE	DEVER IN U.	S. ARMED FOR	CES?	16. SO CIAL	17. INFORMANT		ADDRES	5
(Ye:	s, no or unknown	yes, give	wor or dotes of	service)	SECURITY NO.	1/ 10000 15	0 /	1 /1	Samo
			general for			wm ill	Johnso.	NAO	2011C
	1B. S	2/ 1 1	Ì	7	CAUS	E OF DEATH		(2	INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONF	ITION DIRECT	1 V					ONSET AND DEATH
	Dista	LEADING T	ODEATH		Cranic	-cerebral	injuries	SALES OF	
	(This does	not meon the	mode of dyin It means the h coused death.	g, e.g.,	DUE TO				
- 1	injury or con	mplication which	h coused deoth.	.)					
								15	
		NTECENDEN		CIVANIO	(B)			0.0100000000000000000000000000000000000	**************************************
			ONS, IF ANY, O		DUE TO				
		NG CONDITION						E634 VIII	
S					(C)				
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S	OTHER SIG	NIFICANT CO	NOT RELATER	TRIBUTIN	NG Ne			775.0-0 (4)	5
프			CAUSING IT.	0 10 1	ns				
CERTIFICATION	19A. DATE OF	OPERATION			WHICH OPERATION	20A. AUTOPSY	(Yes or No) 20B. IF YES, V		
	2		WAS PERFORM	1ED		Yes	IN CERTIFYING	G CAUSES OF DE	ATH?
MEDICAL	21 A. EXTERNA	L CAUSE WA	\$	21 B.	PLACE OF INJURY (e.g., form, foctory, street,			City, give exact le	ocotion)
2	UNDERLYING LAU			home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?		
一一		JE OF DEATH	•	0.00	Stieet		to. Nat'l Pike	and Gree	nwich Ave.
2	OF INJURY	(Month) (D	oy) (Yeor) (I	Hour) 2	1E. INJURY OCCURRED	21 F. HC	W DID INJURY OCCUR?		2804
	(APPROX.)	11-18-	65 2:50	Py	VHILE AT NOT	WHILE X M	otor scooter i	nto auto	3007
	22.			m. V	VORK L AIV	VORK			
		tify that I he	ld on Inquir	гу 🗌	Inspection Au	topsy X and	that on this basis, dea	th in my opinio	n
	resul	ted from: N	oturol causes		ccident X Suicio	le Homicie	de Undetermined	monner	
			11	7	X ()		EDICAL EXAMINER		
	ACTUAL	2 4 4 7	(11)	71 1	Si Vinto			7141/11-1	DATE SIGNED
	SIGNAT		(1()	007	M.O	ASSISTANT MI	EDICAL EXAMINER		11-24-65
	EXAMIN	IER'S D.	digar Pr	oitor	nookor M D	SSOCIATE M	EDICAL EXAMINER		11-24-03

NAME (Type) 23C. NAME of CEMETERY of CREMATORY

248 NAME OF REGISTRAR

23D. LOCATION

23A, BURIAL CREMATION,

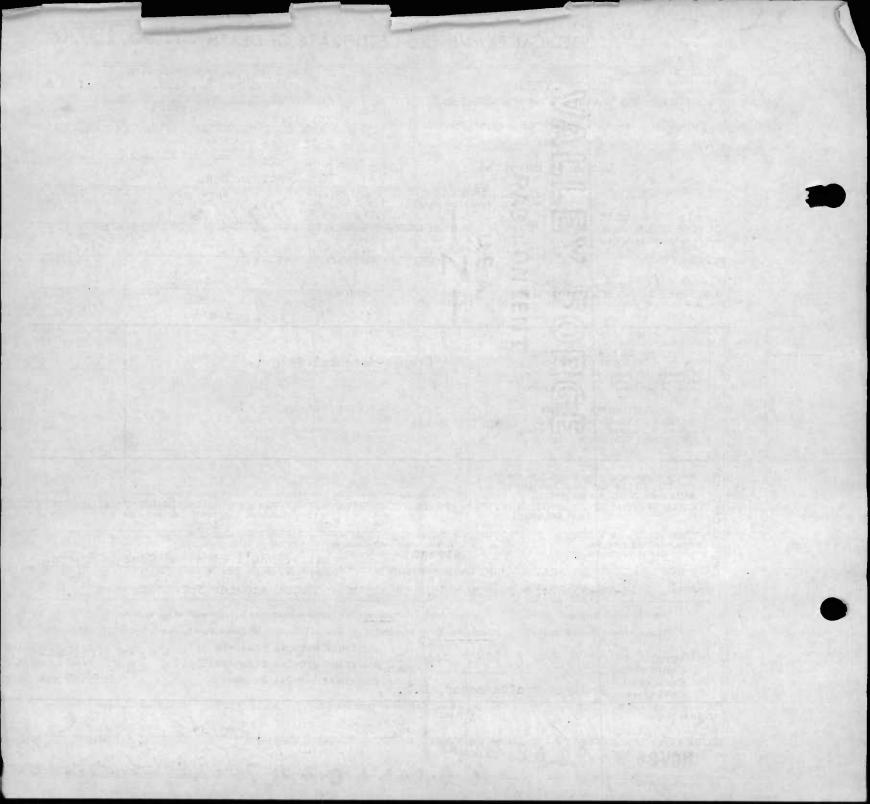
24C. FUNERAL DIRECTOR

(City, town, or county)

NOV 2 6 1965 P. C.

VS 151-REV. 1/1/65

(Stote)

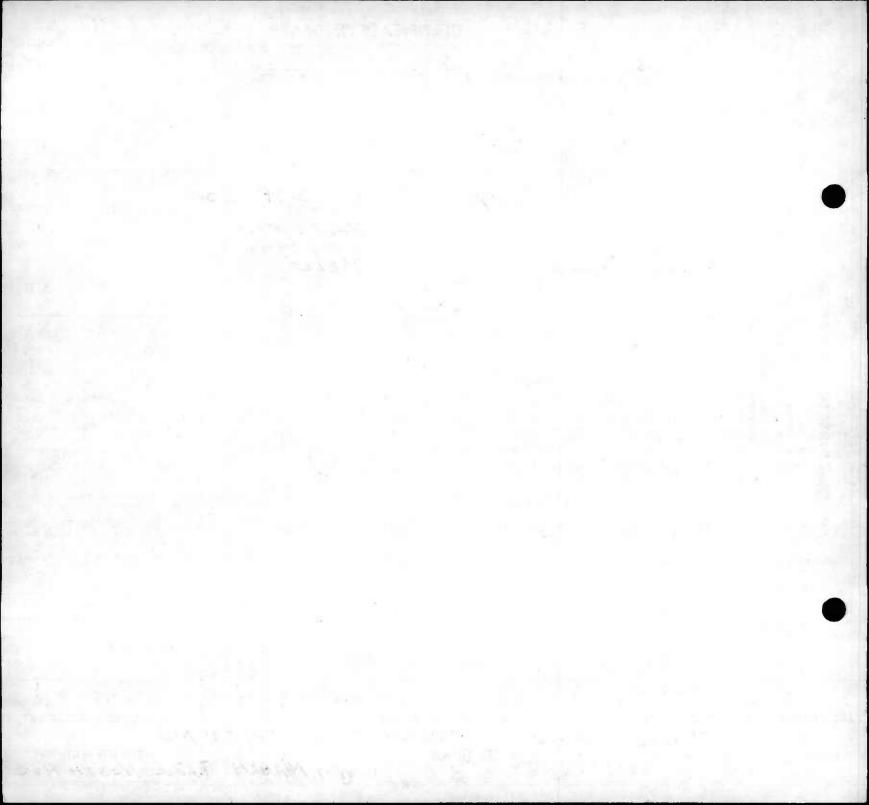


FUNERAL DIRECTOR: IMPORTANT y the chief medical examiner or his assistant if dear

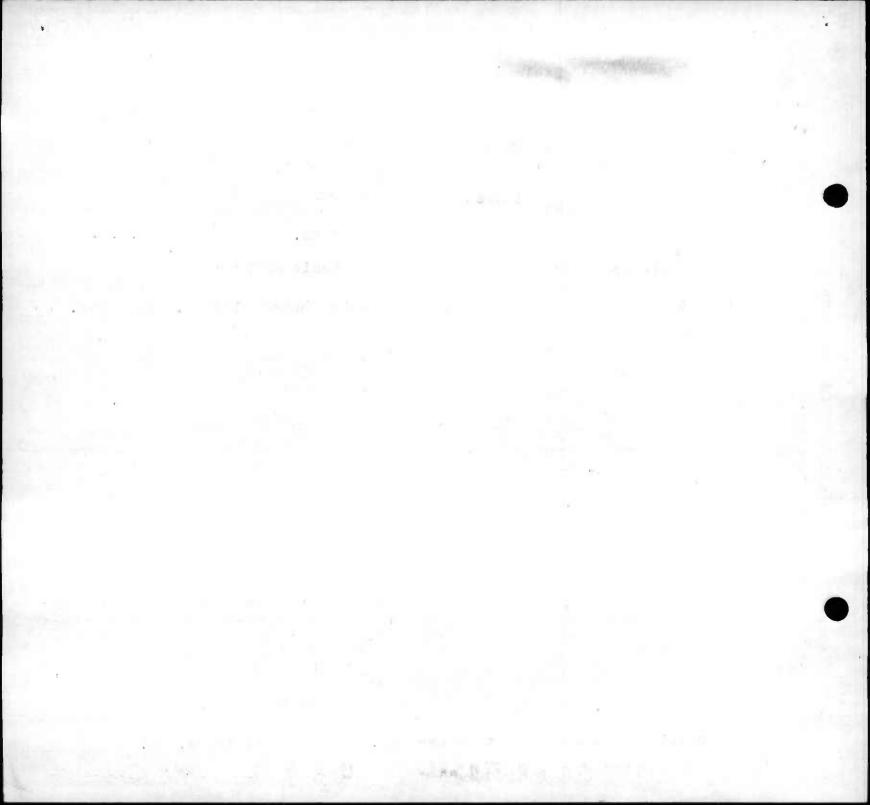
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death.) Such deceased prior to death, such a prior to death.

			BALTIMORE CITY	HEALTH DEPARTMENT	(1)	4.63/3/2000	
		H NO. 65 12077	CERTIFICA	TE OF DEATH	Registered No.65	12077	
2	1. N. (Typ	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospital or institution) (If not in hospital or institution) (If not in hospital or institution)	spital	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 1 3 6 E North Core			
	J. 3	E WIDO	WED, DIVORCED (specify)		9. AGE (In years III M	f Under 1 Yr. If Under 24 Hrs. Conths Doys Hours Min.	
	done	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	BALTO, M.	D	2. CITIZEN OF WHAT COUNTRY?	
		JAMES MILLS		14. MOTHER'S MAIDEN NAM	AE		
	15. V (Yes	Vos Deceosed Ever in U. S. Armed Forces? ,no orunknown) (If yes, give wor or dotes of service)		17. INFORMANT	cy Roon	ADDRESS .	
	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, the office of the disection of the dis	e.g., DUE TO ese, (B) DUE TO ing the (C)	tracerebra	/ hemorsh	ONSET AND DEATH	
		DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOWAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA		DINGS CONSIDERED S OF DEATH?	
	0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boltimore Ci	ity, give exoct locotion)	
	MEDI	21D, TME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?		
the same and	24A	BURIAL 11/27/65	on X/- Z = . (I) (We) (did) (did ii) v N.D. Atte Phys	19 ond the liew the body after death. Inding Director Director Director MATORY 24D. LC	Stoff Phys, Society, 1997	n death accurred on the date R DATE SIGNED X -2 3-65 Tought Feel Iown, or county) (State) ADDRESS NORTH AVE	

VS 150-REV. 1/1/65



MRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Phin! 3. PLACE OF DEATH IN BALTIMORE, TOURISM Oddens or location) Provident Hospital 1514 Division Street Baltimore, Maryland 7. STREET ADDRESS (If rurol, give location) Provident Hospital 1514 Division Street Baltimore, Maryland 7. STREET ADDRESS (If rurol, give location) Provident Hospital 1514 Division Street Baltimore, Maryland 7. STREET ADDRESS (If rurol, give location) Provident Hospital 1514 Division Street Baltimore, Maryland 7. STREET ADDRESS (If rurol, give location) Provident Hospital 1514 Division Street Baltimore, Maryland 7. STREET ADDRESS (If rurol, give location) Provident Hospital 1514 Division Street Baltimore, Maryland 1524 Division Street Baltimore, Maryland 1532 Stricker Street 164. USUAL RESIDENCE (Where deceased lived. If institution: residence as COUNTY Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland C. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 1524 Division Street Widowedd 165. SACE (In years) Widowedd 164. USUAL RESIDENCE (Where deceased lived. If institution: residence as COUNTY Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland C. STREET ADDRESS (If rurol, give location) Baltimore, Maryland D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland C. STREET ADDRESS (If rurol, give location) Baltimore, Street Address (If rurol, give location) Baltimore, Street Address (If rurol, give location) Baltimore, Age (In years) Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland B. Date Of BIRTH No Turol, Maryland C. CITOR TOWN (If outside city limits, write RURAL and give to Maryland C. CITOR						
1. NAME OF DECEASED (Type or Pair) 1. November 25, 1965 3. PLACE OF DEATH November 26, 1965 3. PLACE November 27, 1965 3. PLACE OF DEATH November 26,	8					
FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital 1514 Division Street Baltimore, Maryland S. SEX Female Ne ro 10A. USUAL OCCUPATION (Give kind of working life, even if refired) 13. FATHER'S NAME John Johnson 15. Wos Deceased Ever in U. S. Armed Forces? No or unknown) (Iff yes, give wor of dotes of service) 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT John Johnson 18. O I I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g.,	3:35 P					
Provident Hospital 1514 Division Street Baltimore, Maryland 5. SEX Female Ne ro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 13. FATHER'S NAME John Johnson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO Baltimore D. SYREEY ADDRESS (If rurol, give locotion) 932 Stricker Street 9. AGE (In years lift Under 1 Yr. Months Doys 10st birthday) 9. AGE (In years 1.6 Under 1 Yr. Months Doys 1.6 Stricker 1.6 Strick						
Baltimore, Maryland 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed 10A. USUAL OCCUPATION (Give kind of work log, kind of working life, even if refired) 10A. USUAL OCCUPATION (Give kind of work log, kind of working life, even if refired) 10B. Widowed 11. BIRTHPLACE (Stote or foreign country) Md. 12. CITIZEN OF WHAT COUNTY WHAT COUNTY WHAT COUNTY 13. FATHER'S NAME JOHN JOHNSON 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) NO Susie Briscoe 16. SOCIAL SECURITY NO. JOHN JOHNSON 1729 W. North Armony Onset IB. CAUSE OF DEATH (A) Uremia (This does not mean the made of dying, e.g., DUE TO	township)					
Female Ne ro Widowdd 4-21-15 lost birthdoy) 10A, USUAL OCCUPATION (Give kind of work) done during most of working tife, even if relired) 13. FATHER'S NAME John Johnson 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO. John Johnson 1729 W. North A. CAUSE OF DEATH (This does not mean the made of dying, e.g., DUE TO DISTANCE Widowdd 4-21-15 Lost birthdoy) 50 Months: Doys 50 Months: Doys 50 Months: Doys 50 Partine Country 12. CITIZEN OF WHAT COU U. S. A. 17. INFORMANT Johnson 1729 W. North A. INTERV. ONSET						
Md. U.S.A.	Hours Min.					
John Johnson Susie Briscoe 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO John Johnson 1729 W. North Armode SECURITY NO. OSET CAUSE OF DEATH (This does not mean the mode of dying, e.g., DUE TO DISCORDER ADDRE ADDRE ADDRE ONSET ONSET	UNTRY?					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. John Johnson 1729 W. North And Cause of Death ONSET OSECURITY NO. INTERVOORSET ONSET (A) Uremia (This daes not mean the made of dying, e.g., DUE TO						
18. CAUSE OF DEATH ONSET	ESS					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO						
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave couse (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. HCVD						
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSI	IDERED					
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) CAUSE OF CAUSE O	location)					
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While AI Not While AI Work AI Work						
22. I certify that (1) (this hospital) attended the deceased from November 13, 1965 to November 25, 1965 that (1) (we) last saw the deceased alive an November 25, 1965 and that in (my) (aur) apinion death occurred on the						
and haur and from the causes stated obave. (I) (We) (did) (did nat) view the bady after death. 23A_SIGNATURE 23B, DATE SIGNI	IED					
M.D. Attending Med. Stoff Phys. Novembe 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	er 25, 1					
Dr. Andre Rigaud M.D. 1514 Division Street						
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24C. NAME of CEMETERY of CREMATORY Burial 24D. LOCATION (City, town, or county) Baltimore, Md.						
NOV 2 6 1965 P. S. S. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADILLOS 150-REV. 1/1/65						



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		AMINER'S CE		OF DEATH Regist	ered No
.E. CASE NO. NAME OF DECEASED			2. DA	TE AND HOUR PRONOUNG	CED DEAD
ype or Print) ARTHUR	M	COMEGYS		ovember 24, 19	
PLACE IN BALTIMORE, MARYLAND, WH				Where deceased lived. If in	stitution: residence before odmission)
JLL NAME OF (IF NOT IN HOSPITA OSPITAL OR ADDRESS OR LOCA' STITUTION	TON)	ITION, GIVE STREET	c. city or town () Baltin	1	ite RURAL and give township)
1606 McCulloh S	treet		D. STREET ADDRESS (of rurol, give locosion) McCulloh Street	t
sex 6. RACE Male Negro	WIDOWED, I	Ned (specify)	7/9/93	9. AGE (In years lost birthdoy)	
A. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	TOB. KIND OF	BUSINESS OR INDUSTRY	Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
James Comegys			14. MOTHER'S MAIDEN	NAME	
.WAS DECEASED EVER IN U.S. ARMED as, no or unknown) (If yes, give wor or dotes NO		16. SOCIAL SECURITY NO. 213-03-1537	James Co	megys 1606 M	ADDRESS ACCulloh St.
(This does not meen the mode of heort failure, osthenio, etc. It meens injury or complication which coused of ANTECENDENT CAUSE. ANTECENDENT CAUSE. DISEASES OR CONDITIONS, IF AN INSERT OF THE ABOVE CAUSE (A) STUNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS (INC.) TO THE DEATH BUT NOT RELEVANCE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONJ.	the diseose, leath.) S NY, GIVING ATING THE				
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONIWAS PERF	IT.	WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 20B. IF YES, WERE F	
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i form, foctory, street, o	n or obout 21C. WHERE ffice bidg., INJURY OCC	DID (If in Boltimore City, UR?	give exact location)
21D TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	V	VHILE AT NOT NORK	WHILE	D INJURY OCCUR?	
I certify that I held on Ir resulted from: Notural countries In the Interest Interes	nquiry A	Inspection X Autoccident Suicide	opsy ond that	arms.	
A. BURIAL CREMATION, 23B. DATE EMOVAL (Specify) Burial 11/29	/65	C. NAME of CEMETERY of Mt Auburn C	em.	Baltimore,	
NOV 2 6 1965 Republication	248 NAME	of registrar	24C. FUNERAL DI	S. Klar 1348	N. Callow St

213-03-1537 Venne Comença 1600 Refel-20-215

surfal 11/29/65 at tubure Com. . Paltimore, 16.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurthe body was released to the hospital by a medical examiner. Also, if the direct or contributes: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermin was D.O.A. at a hospital (except where the physician who pronounced death was in regulated and deceased prior to death); and (6) No physician was in regular attendance on the deceased
	4 7 0

rred in a hospital and outing cause of death led cause; (5) Deceased

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BALTIMORE CITY HEALTH DEPARTMENT 65 12080 CERTIFICATE OF DEATH Registered Nov. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH S (Type or Print) James D. Martin 1965 November 25, 6:00 Pm. death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 INSTITUTION Provident Hospital Baltimore prior D. STREET ADDRESS (If rural, give location) 1514 Division Street Baltimore, Maryland 1931 Eutaw Street If Under 24 Hrs. 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5, SEX 6. RACE Hours WIDOWED. DIVORCED (specify) lost birthdoy) Male 4-13-04 Negro Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ADDRESS 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Heart Disease (This does not meon the made al dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused deoth.) Myocardial Infarction ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? None 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR? (If in Bottimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) etc.) MEDI 21 D. TIME 21E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While I (APPROX.) Work At Work October 2, November 22. I certify that (I) (this hospital) attended the deceased from November 25, that (1) (we) lost sow the deceased alive an. ond that in (my) (our) opinion death occurred on the date ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff Phys. Director _ November 25, Phys. 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) Dr. Roger Theodore M.D. 1514 Division Street 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify) Joseph 8 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF 25C. FUNERAL DIRECTOR 0 3 VS 150-REV, 1/1/65

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VS 151-REV. 1/1/65

	65 1	2081	11	BALTIMORE CITY HEA	LTH DEPARTMENT		00	12081	
BIR	TH NO.		ICAL EX	AMINER'S C	ERTIFICATE O	F DEATH Reg	stered Na.		
M.	E CASE NO.					44 4 4			
1. (Ťy	NAME OF DEC	EASED	11	/		AND HOUR PRONOU			
		JOSEPH	H	JONES		vember 25, 1		12:00	
3.	PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (W	В.	COUNTY	sidence before o	dmission)
FU	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	THON, GIVE STREET	Marylan		write RURAL	and give towns	nin)
	SPITAL OR	ADDRESS OR LOCA	(HON)				~/3	1	
-	Doggarda	nt Hoonitol			Baltimo		0		
	Provide	nt Hospital				aurens Stree	t		
5. :	SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye		ler 1 Yr. If Unde	r 24 Hrs.
	ale	Negro	Nevel	DIVORCED (specily) Married	May 10, 191	lost birthdoys	Month	Doys Hours	Min.
			KIOB KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or			IZEN OF	1
don	done during most of working life, even if retired)				Va.			S.A.	
13.	FATHER'S NAM	\E			14. MOTHER'S MAIDEN	NAME		20110	-
		Thomas Jo	nes		Martha N	Vickins			
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRE	SS	
(Yes, no or unknown) (If yes, give wor or dates of service)		229-14-173	Q Montho Wi	lliams 701	N E	maamant	Arra		
-	18,			1 -1 -12	E OF DEATH	LILIAMS (O)	L IV o I	INTERVAL BI	
-	00	1/1		CAUS	ONSET AND DEATH				
	DISEAS	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Intra	cerebral hemor	rhage			
	(This does n	not mean the mode of osthenio, etc. It means	dying, e.g.,	DUE TO					
	injury or complication which caused death.)								
	ANTECENDENT CAUSES								
	RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S	NY, GIVING	DUE TO		•••••			
_	UNDERLYIN	NG CONDITION LAST.		(0)					
Ó				· · · · · · · · · · · · · · · · · · ·					
AT	OTHER SIGI	II NIFICANT CONDITIONS	CONTRIBUTII	NG					
은	TO THE	DEATH BUT NOT RE		HE					
ERTIFICATION	19A. DATE OF	OPERATION 198, COM	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER			
O	2	WAS PER	FORMED		Yes	AUSES OF I	es of DEATH? yes		
EDICAL	21 A. EXTERNA UNDERLYING DUTING CAU	CAUSE WAS OR CONTRIB- SE OF DEATH.			in or obout 21C. WHERE D		y, give exoct	locotion)	
Σ	21 D TIME	(Month) (Doy) (Yea	r) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
	(APPROX.)		m.	VHILE AT NOT	WHILE WORK				
	22.	tify that I held an	ngulry	Inspection Au	stopsy X and that o	on this basis, death	in my apini	an	
		ted fram: Natural co				Undetermined ma			
	10301		7		CHIEF MEDICAL				
	ACTUAL		sul. 1	Kuli.	ASSISTANT MEDICAL			DATE SIG	
	SIGNAT		cares	M. C	ASSOCIATE MEDICA			11/25/0	55
	EXAMIN		les S. I	etty, M.D.	ASSOCIATE MEDICA	L LXAMINER _			
	A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME of CEMETERY	or CREMATORY 2	3D. LOCATION	City, town, o	r county)	(State)
-	urial	11/28	3/65 A	rbutus Mem	. Pk.	Arbutus	Md.		
	A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DIRE	CTOR	ATA SAL B.	ADDRESS	
	NOV26	1965 Robert	r E. Van	Seuff O D	Heres 24	. Kler 1348	N. Cas	Um St	-

...V Worths Miskins Thomas Jones A mother of 10 anntition williams well-11-988

Puriol 11/28/65 Arburya New 28. Arburya Police a Mile

on the Such

sidence before admission)

IXI JATI	CERTIFICATE OF DEATH Registered No.55 120	82
NAME OF DECEASED MATTHEWS, Asalee	2. DATE AND HOUR OF DEATH 11/24/65	5:00
FULL NAME OF (If not in hospital or institution, give she HOSPITAL OR oddress or location)	d. USUAL RESIDENCE (Where deceased lived. If institution: residence as STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give	3.

oddress or location) INSTITUTION BALTIMORE CITY HOSPITALS

15. Was Deceased Ever in U. S. Armed Forcas

(Yes, no or unknown) (If yes, give wer or dates of service)

4940 Eastern Avenue Baltimore, Maryland 21224

BALTIMORE D. STREET ADDRESS (If rurol, give location) 2243 Brunt Street - 21217

7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE If Under 1 Yr. Doys lost birthday Hours 6/15/24 Female Negro 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) SOUTH CAROLINA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Julius Hammond MARY BECKMAN

SECURITY NO.

16. SOCIAL

ADDRESS 17. INFORMANT RECORDS: BCH 4940 Eastern Ave. Balts,

No 1B. / CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Trema D'abeles LEADING TO DEATH (This does not meon the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) **ANTECEDENT CAUSES** DUE TO DISEASES OR CONDITIONS, if any, la the above cause (A) stoling the UNDERLYING CONDITION IOSI CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No)

WAS PERFORMED (If in Boltimore City, give exact tocotion)

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? DEATH (natify modical exominer

(Month) (Doy) (Your) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? Not While While At (APPROX.) Work At Work

22. I certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive on

and that in (my) (our) apinion death accurred on the date and hour and fram the causes stated above. (1) (We) (did) (did not) view the body after death.

238. DATE SIGNED 23A. SIGNATURI Mad. Stoff Attending Phys.

23C. PHYSICIAN'S NAME (Typo) J. Richmon

4940 Eastern Avenue, Baltimore, Md. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

(City, town, or county)

REMOVAL (Specify /28/65 Arbutus Mem. Arbutus, Md.

FUNERAL DIRECTOR.

VS 150-REV. 1/1/65

24A, BURIAL CREMATION, 24B, DATE

MEDIC

0

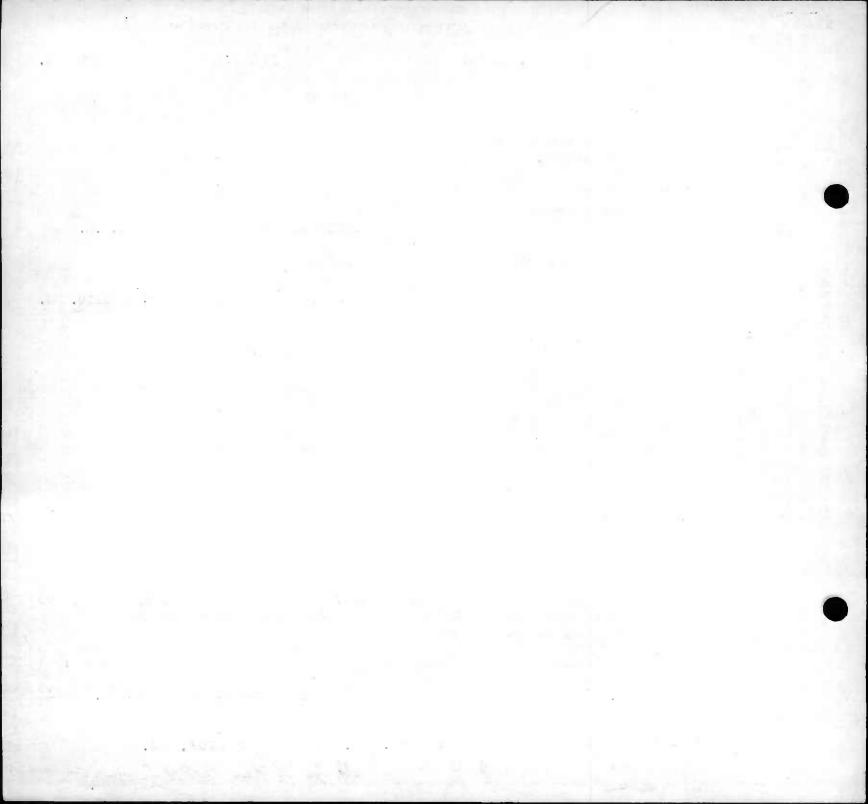
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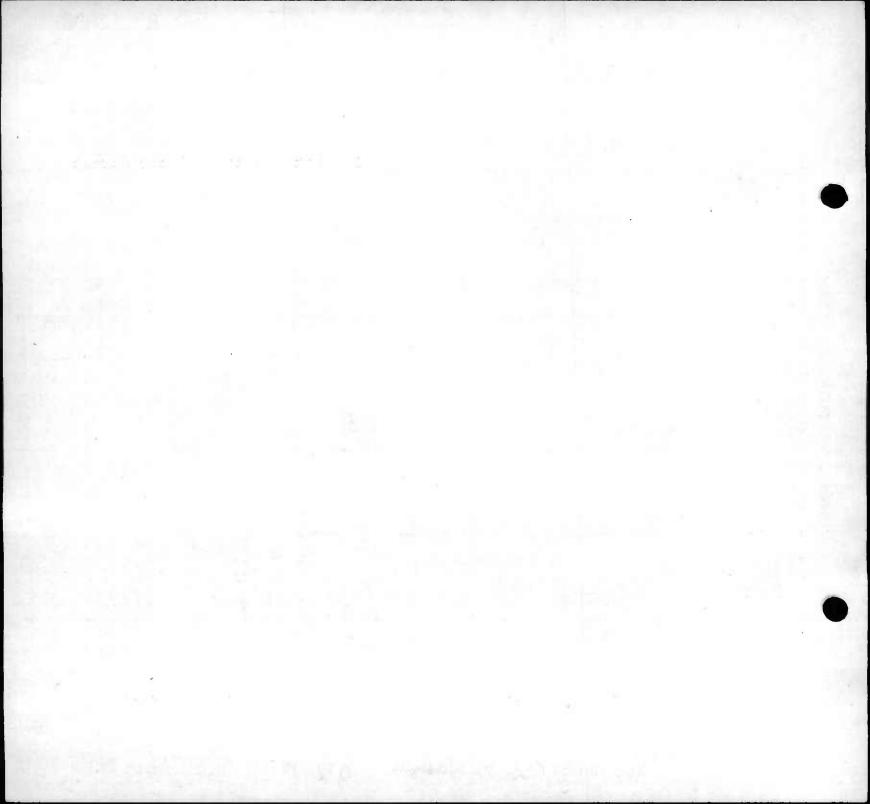
was D.O.A.

written approval



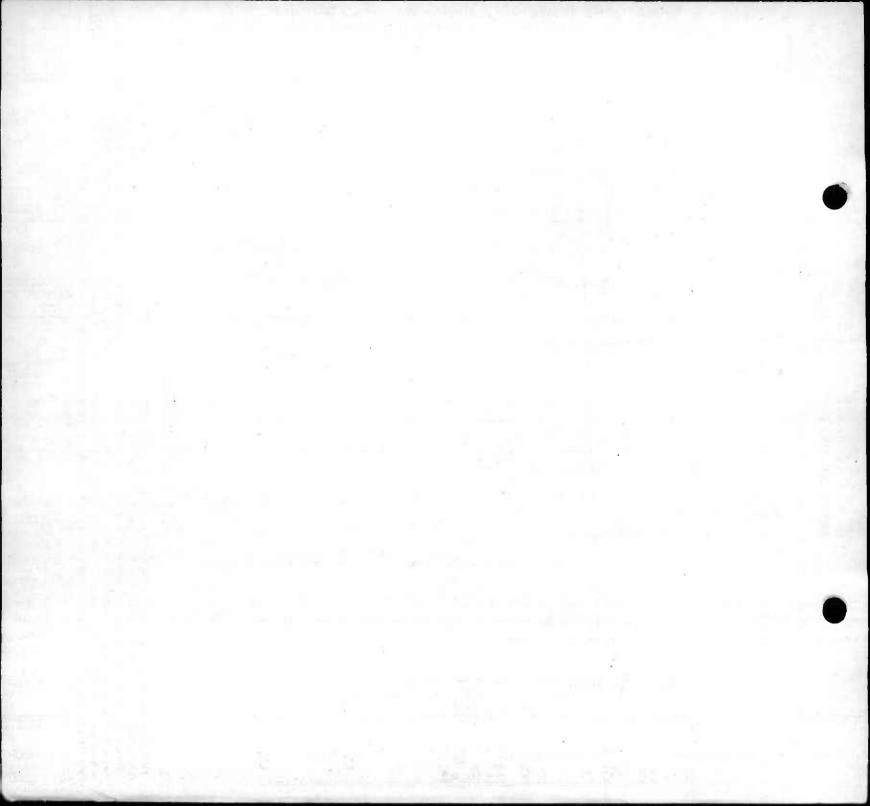
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

105.29918	BALTIMORE CITY HEALTH DEPARTMENT	05 40000
BIRTH NO. M.E. CASE NO. 65 12083	CERTIFICATE OF DEATH	Registered No. 65 12083
1. NAME OF DECEASED (Type or Print) De Rossett A	B of Soffee 27 No	u 65 12:15 Pm.
3. PLACE OF DEATH IN SALTIMORE, MARYLAND	A. STATE B. COUNTY	ceased lived. If institution: residence before admission)
FULL NAME OF (If nat in haspitol or institution, g HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If outside	city limits, write RURAL and give township)
Johns Hopkins H	D. STREET ADDRESS (If rurol,	give location) h Register Street
5. SEX 6. RACE 7. MARRIED, WIDOWED	NEVER MARRIED B. DATE OF BIRTH 9. A	GE (In years If Under 1 Yr. If Under 24 Hrs. binhday) Manths; Days Haurs; Min.
	r Married 26 May 65 1	day 0 17 0
done during most of warking life, even if retired)	Business or industry 11. Birthplace (state or foreign of Baltimore)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL 17. INFORMANT SECURITY NO.	ADDRESS
	CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	71. 21/ 0	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	LA Ldiopathic Kespil	along 30hrs
heart failure, asthenia, etc. II means the disease, injury ar camplication which caused death.)	DisTress Syn	drome
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, if any, giving	502 10	
	(C)	**************************************
UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
19A. DATE OF OPERATION 198. CONDITION FOR WWAS PERFORMED	HICH OPERATION [20A. AUTOPSY? (Yes or No)] 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (e.g., in or obout 21C. WHERE DID , form, foctory, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
	none no	ne
OF INJURY	INJURY OCCURRED 21F. HOW DID INJURY AT THE PROPERTY OF THE P	O CCUR?
	LI VAOWOW Q	OWE 3
22. I certify that # (this hospital) attended th	e deceased from 7 7 AM 26 NOU 19 (25/2M 27 NOU 19 65 and that in	25 10 a Jam 27 Wow 19 63.
		i(my) opinion death accurred an the date
23A. SIGNATURE	(did) (view the bady after deoth.	23B. DATE SIGNED
	M.D. Attending Med. Stoff	27/1/2065
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	10.1 New EX
Tom L. Austin	M.D. The Johns Hopk	ins Hospital
REMOVAL (Specify)	HI, HOSGITAL 24D. LOCA	ALTO, Md (State)
THE TOTAL PROPERTY.	E STOLLENMA 25C. FUNERAL DIRECTOR L	DISPOSAL ADDRESS
V\$ 150-REV, 1/1/65.		



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 12084 Registered No.65 12084 CERTIFICATE OF DEATH BIRTH NO. and of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) 0 a hospital death. 4. USCAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMOR MARYLAND attendance (2) COUSE (If not in hospital or institution, give street FULL NAME OF oddress or location HOSPITAL OR outside city limits, write RURAL and give township) (4) Undetermined cause; INSTITUTION 0 prior D. STREET ADDRES: contributing occurred de. regular 9. AGE (In If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours i Min. 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX BE deceased Hours WIDOWED, DIVORCED (specify) S 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR) 12. CITIZEN OF or foreign country) WHAT, COUNTRY? death 2 isposition done during most of working life, even if retired) 10 Was NAME the 13. FATHERS direct assistant if death O final d kind; 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any CAUSE pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not mean the made al dying, e.g., DUE TO heart lailure, asthenia, etc. It means the disease, the chief medical examiner examiner. regular injury or camplication which coused death.) ANTECEDENT CAUSES who DUE TO before the remains are 4 DISEASES OR CONDITIONS, if any, giving 3 the obave cause (A) stating the physician UNDERLYING CONDITION lost. medical physician was burns; 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 20A. AUTOPSY? (Yes or No) the 0 WAS PERFORMED by (2) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF hospital å MEDICAL DEATH (notify medical examiner) any nature; PV obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) pup Work sAt Work to the 22. I certify that (1) (this haspital) attended the deceased from _______ ond that In(my) (our) opinion death occurred on the date pe that (1) (we) last saw the deceased alive an of death) hospital and have and from the causes stated above. (i) (We) (did) (did not) view the body ofter deoth. the body was released must accident 23A. SIGNATURE 23 B. DATE SIGNED must Attending Phys. Med. Director Stoff 0 approval Phys. 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS This certificate prior to An M.D D.O.A. deceased 24A. BURIAL CREMATION, 24D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) written shows: Was SO FUNERAL DIRECTO 25A. DATE REC'D BY HEALTH ADDRESS VS 150-REV. 1/1/65



the chief medical examiner

medical burns;

0

to the hospital

the body was released

shows: (1) An accident

Was

approved by

rect or contributing cause of death (4) Undetermined cause; (5) Deceased

a hospital

occurred

death

or his assistant

kind;

any

fracture of

4

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Body

3

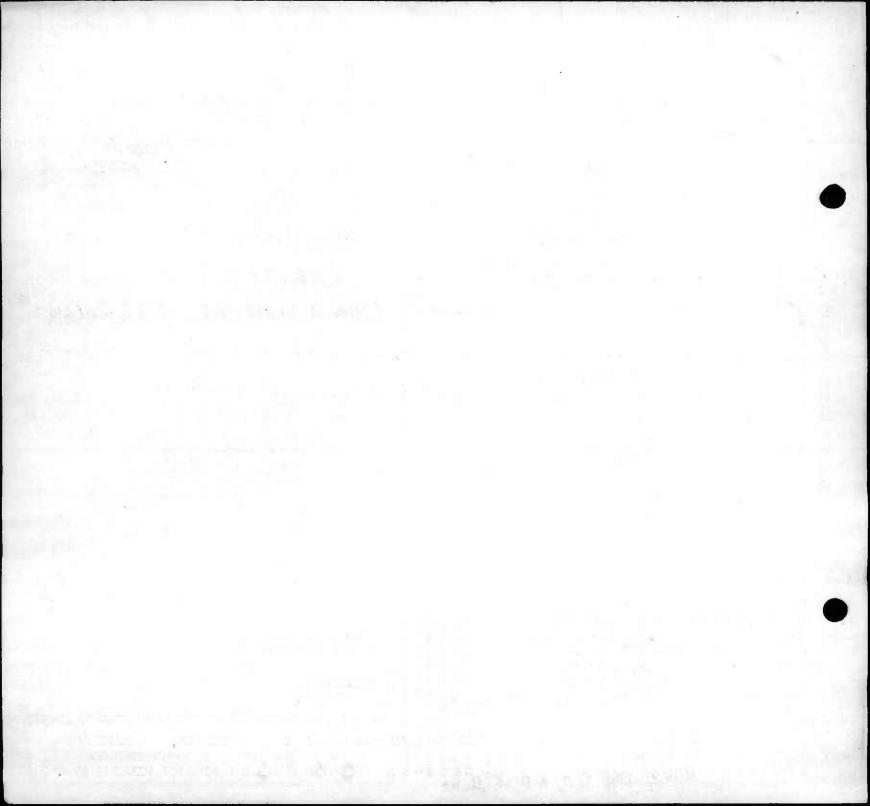
nature;

any

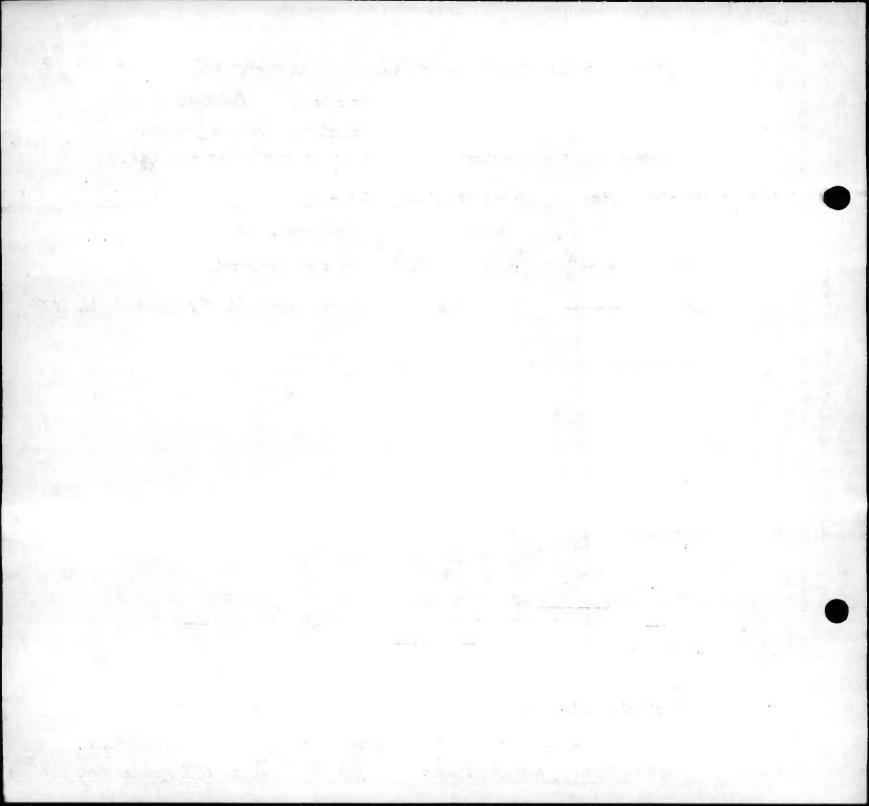
of

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 CERTIFICATE OF DEATH BIRTH NO. Such . M.E. CASE NO. th 2. DATE AND HOUR OF DEATH 50 I NAME OF DECEASED (Type or Print) uo eath. 3. PLACE OF BEATH IN BALTIMORE MARYLAND 4. USUAL A. STATE RESIDENCE (Where deceased lived. If institution: residence B. COUNTY attendance FULL NAME OF (Il not in hospital or institution, give street O HOSPITAL OR oddress or location) (If outside city RURAL and give township) INSTITUTION 0 prior D. STREET ADDRESS made. regular If Under 24 Hrs. 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Tr. Months: Doys 5. SEX 6. RACE Q.F. deceased Hours WIDOWED, DIVORCED (specify) lost birthdoy) 12. CITIZEN OF WHAT COUNTRY? OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY PLACE (State or foreign country) isposition 2 done during most of working life, even if retired) MAIDEN NAME 13. FATHER'S NAME SD the death LO TO 15. Was Deceased Ever in S, Armed Forces 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY LALOS attendance No pronounced 9 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused deoth,) 11 ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPST? (Tes or No) 208, IF TES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURT (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? Ü (II in Boltimore City, give exact location) where °N DEATH (notify medical examiner etc.) MEDI be obtained 21 D. TIME 21E INJURT OCCURRED 21F. HOW DID INJURT OCCUR? (Month) (Doy) (Tear) (Hour) 9 OF INJURY (except While At Not While (APPROX) Work At Work and 22, I certify that (1) (this hospital) attended the deceased that (1) (we) last saw the deceased alive an 19 eath) hospital and hour and fram the causes stated above. (1) (We) Idid) (did not) view the body after death. must 23A. SIGNATURE 23B, DATE SIGNED O Attending Med. M.D. 0 Phys. Director written approval 0 23 D. ADDRESS 23C. PHTSICHANS prior at NAME (Type) M.D D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERT OF CREMATORY eceased (Stote) REMOVAL (Specify)

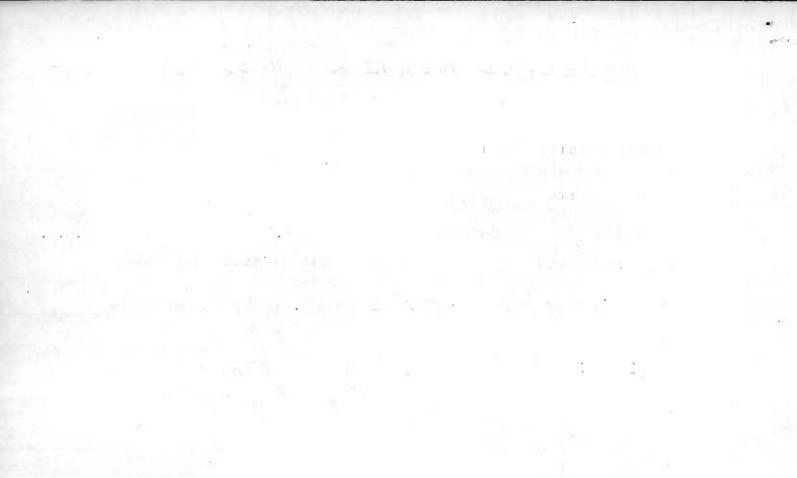
and that in (my) (our) agrinion death occurred on the date BURLAL 11/26/65 BALTIMORE NATIONAL CEMETERY BALTIMORE. MARYLAND 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR FUNERAL HOME 4107 WILKENS AVE. 21229 VS 150-REV. 1/1/65



65-5856 0- 10		BALTIMORE CITY	HEALTH DEPARTMENT	CE 40000
BIRTH NO. 65 12	2086	CERTIFICA	TE OF DEATH Registered N	la. 65 12086
M.E. CASE NO.			2, DATE AND HOUR OF DEA	тн
(Type or Print) Rachella	Box	CLEURS	11-24-65	19:50 A.M.
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)
FULL NAME OF (If not in hospital o		live street	Maryland Baltimon	e
HOSPITAL OR oddress or location) INSTITUTION				ite RURAL and give township)
2			D. STREET ADDRESS (If rurol, give locotion)	
The Johns Hopkins	Hospi	tal	7812 Eastdale Road	
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min.
Female White		Married	3-5-65	8 15
toA. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done doming most of working me, even it remed)	Int	ant	Baltimore, Maryland	U.S.A.
13. FATHERS NAME	1- 1	Si4.	14. MOTHERS MAIDEN NAME	
Raymond Bonczeski	. (BON	(CZEWSKI)	Rosemary Novrocki	
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) (If yes, give wor or dotes	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Raymond Bonczewski 7812	? Eastdale Rd. 21224
18.		CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	ECTLY	- 11-		17 443
(This does not mean the mode al		DUE TO	maring his	ala I d
heart failure, asthenia, etc. It means injury ar camplication which caused			8	
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, if a				
rise la lhe abave cause (A) UNDERLYING CONDITION last.	slaling the	(C)		
11				
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	ONTRIBUTING			
DISEASE OR CONDITION CAUSING IT	ī	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE	FRE FINDINGS CONSIDERED
19A. DATE OF OPERATION WAS PERFO		WHICH OFERATION	YES IN CERTIFYING	CAUSES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID (If in Bolti	more City, give exact location)
DEATH (natify medical exominer)	etc.)		inter stage, into our orders.	
21D. TIME (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	Whi	le At Not Whi		
22. I certify that (I) (this haspital)	attended t	ne deceased fram	1965 10	11-24 1965
that (I) (we) last saw the deceased	d alive an	11-34	19 and that in (my) (our)	apintan death accurred an the date
and have and from the causes state	ed abave. (I	(We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE			AAAd Staff on	23B, DATE SIGNED
Unstre Si		M.D. Att		11-24-62
23C. PHYSICIAN'S NAME (Type)	1	25 24 5	23D. ADDRESS	
Christine Simmo		M.D.	Towns land 1:	tos pr tost
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		ME OF CEMETERY OF CR		(City, town, or county) (Stote)
Burial 11-26-6 25A, DATE REC'D BY HEALTH DEPT.	55 St.	Stanislaus (emetery 65/5 Boston S	St. Balto., Md.
	4 2 F	1 4 3 3 3 3 3	Charles & Leiler 622	4 Eastenn Ave. #24
VS 150-REV. 1/1/65	0 6:40	TO SECTION AND ADDRESS OF THE PARTY OF THE P	Marces of Marces 022	Caracter Her



	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 05 496.07	CERTIFICA	TE OF DEATH	Registered No.	5 10:100
M.E. CASE NO. 65 12(87	CERTITO	/	ID HOUR OF DEATH	10 TC001
1. NAME OF DECEASED (Type or Print)	11-11-		TO HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	E WEAVE	4. USUAL RESIDENCE When	re deceased lived If i	nstitution; residence before admission)
Strengt of Beath in Basimons in income		A. STATE B. COUN	ITY	
FULL NAME OF (If not in hospital or instituted the second of the second	ion, give street	MARYLAND	AA	
HOSPITAL OR oddress or locotion) INSTITUTION			tside city limits, write	RURAL and give township)
3		D. STREET ADDRESS (III	rurol, give location)	5470
JOHNS HOPKINS HOSE	TAL		90	
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
WIDO	OWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
FEMALE WHITE MALE MALE MALE MALE MALE MALE MALE MAL	RRIED	5-12-16	49	12. CITIZEN OF
done during most of working life, even if refired)	D OF BOSHIESS OK HIDOSIKI	TI, DIKITI EXCE (SIGIE OF IOIE)	igh coonly,	WHAT COUNTRY?
	wnhome	Pa.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	10	1116)
BENJAMIN HUBLER		LENA CAROU	US (CARO	LU3/
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No ////////	162/12/0065	Dean R. Weave	er Same a	ns # 4
1B. 4 7 0 V		F DEATH	7 301110 0	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 1/	1)	ONSET AND DEATH
LEADING TO DEATH		not an Auto	Cano	er 2 yes.
(This does not meen the made of dying,		1 R	3	
heart failure, asthenia, etc. 11 means the disc injury or complication which caused death.)	1050,	of Break	0	
ANTECEDENT CAUSES	(B)	Respiratory	depression	~
DISEASES OR CONDITIONS, if any, g	DUE TO		V	
rise to the above cause (A) stating		V		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIB	ITING			
E TO THE DEATH BUT NOT RELATED TO				
DISEASE OF CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? IVes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		NO	IN CERTIFYING CA	AUSES OF DEATH?
U 21A, A CCIDENT WAS LINDERLYING	21B. PLACE OF INJURY le.g.,	n or obout 21 C. WHERE DID	(If in Boltimo	re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, cetc.)	three bldg., INJURY OCCUR?		
21D, TIME Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	ILIRY OCCILE?	
S OF INJURY	While At Not Whi		OK! OCCOR.	
[APPROX.]	Work At Work			
22. I certify that (I) (this hospital) attend	led the deceased fram	2PM 11/23/1	19 6) to do	AM 11 /2 4 19 65
that (I) (we) last saw the deceased alive	on 10 PM 11/2			
and have and from the causes stated oba-	/e. (1) (We) (did) (did not)	view the bady after death.		
23A. SIGNATURE	O-1 h		·	23B, DATE SIGNED/
manlam	NO M.D. Att	ending Med.	Stoff	11/24/65
23 C. PHYSI CIAN'S	Phy	23D. ADDRESS	Phys.	111-110-
Miguel R. Alon	nso M.D.	The Johns	Hopkins H	Hospital
24A. BURIAL CREMATION, REMOVAL (Specify)	C.NAME of CEMETERY of CR		OCATION	City, town, or county) (Stote)
Burial Nov.27,1965	Cedar Hill	Cemetery E	Brooklyn Rf	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTO		ADDRESS
NOV 29 1965 A A A	- 7	R.V. Single	eton Glen	Burnie, Md.
VS 150-REV. 1/1/65	TOUR AND	* * * * * * * * * * * * * * * * * * * *		



All the same is an extended to the same in the same in

BALTIMORE CITY HEALTH DEPARTMENT 65 12088 CERTIFICATE OF DEATH Registered Na. BIRTH NO. of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) no ERETTA MULLIGAN death. 4. USUAL RESIDENCE (Where deceased lived, if institution: residence 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance BALTINGRIZ contributing cause (Il not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, INSTITUTION LOPCE YOURS 21 prior (If rural, give location) BALTIMORE. MARYLAND RITCHIC made. occurre regular B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdoy MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) isposition done during most of working life, even if retired) HOUSEWIFE MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the BRYANLY FLORENCE death LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. final KECORDS - HOSPITAL ance fracture of any pronounced OL attend DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the mode of dying, e.g., lolar hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES who 0 DUE TO 6 are 4 DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE upi DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or (No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED phys 3 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office b(dg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the body was released to the hospital °N DEATH (notify medical examiner) any nature; MEDIC/ 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) At Work and Work 22. I certify that (I) (this hospital) attended the deceased fram. that (I) (we) last sow the deceased alive an.... ...and that in (my) (aur) opinion death accurred on the date eath) of hospital ond haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. shows: (1) An accident 23A. SIGNATURE Attending Stoff C. Marians Med. 0 Phys. Director ___ approval 8 23C. PHYSICIAN'S 23 D. ADDRESS prior at was D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased REMOVAL (Specify) 258. NAME OF REGISTRAR BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

If Under 1 Yr. Months: Doys

12, CITIZEN OF WHAT COUNTRY?

USA.

ADDRESS

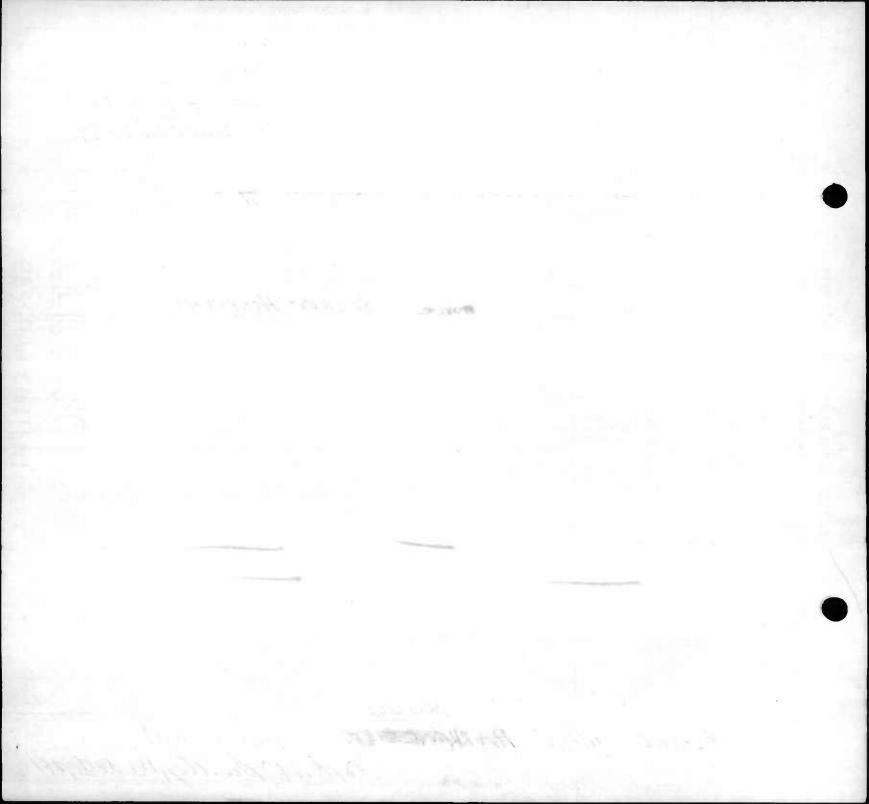
23B. DATE SIGNED

11-26-61

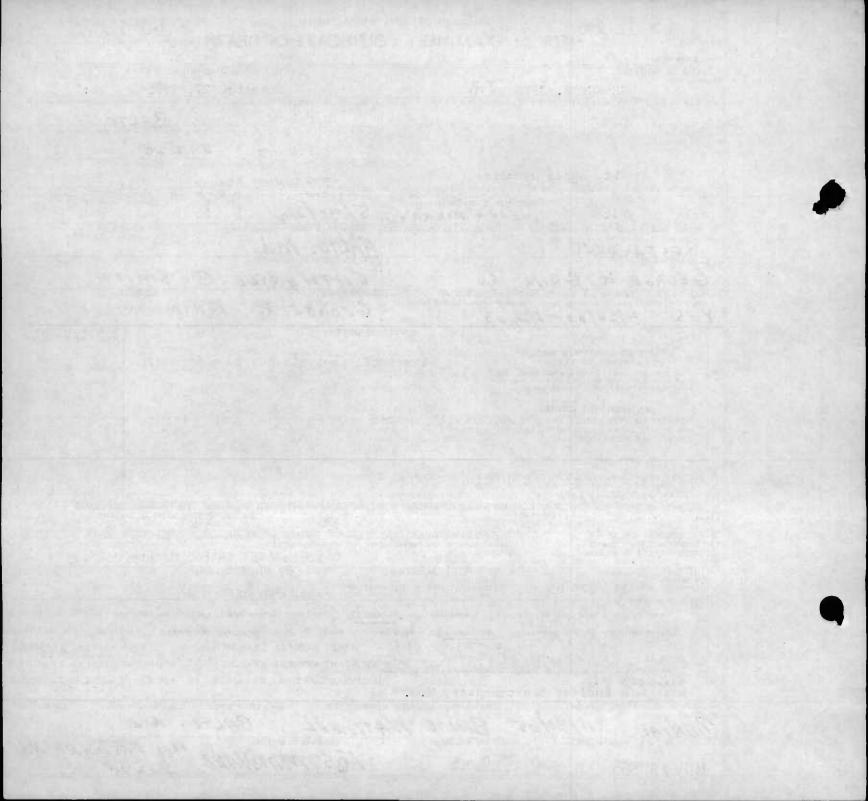
INTERVAL BETWEEN

ONSET AND DEATH

If Under 24 Hrs. Hours Min.



	65	12089	8	BALTIMORE CITY HEALT	TH DEPARTMEN	T		65 12089	
BIRT	H NO.	MEDI	CAL EX	AMINER'S CE	RTIFICAT	E OF D	EATH Register	red No.	
	CASE NO.					X			
1. P	NAME OF DEC		-	3			HOUR PRONOUNCE		
3. P	LACE IN BALT	GEORGE K. O	OTCOLL	INCED DEAD	4. USUAL RESIDE		mber 27, 19 leceosed lived. If insti	tution: residence before	
HO	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET		yland N (If outside	carparate limits, write	RURAL and give town	iship)
N.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					timore	212:	28	EMI
0		St. Agnes	Hospita	al	D. STREET ADDR		give location) Avenue		
5. \$	male	6. RACE	WIDO WED, I	NEVER MARRIED DIVORCED(specify) R MARRIED	5/30/	Un	9. AGE (In years last birthday) 23	If Under 1 Yr. If Un Manths Days Hau	der 24 Hrs.
IQA done	USUAL OCCU	JPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	State or foreign	country)	12. CITIZEN OF WHAT COUNTRY	?
13 1	FATHER'S NAM	AURANT			14. MOTHER'S MA	AIDEN NAME			
	G EORG	E IT. GRI		R.	CATI		IE E. S	MITH	
		O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	GEORG		GRIM	ADDRESS	
-	1B. —	03/4	4/2/10	CAUSE	OF DEATH			INTERVAL	
	DISEA	SE OR CONDITION DI	DECTI V					ONSET AN	D DEATH
		LEADING TO DEATH		(A)	tic asphy	xia due	to compres	sion	
	heart failure	not mean the mode of asthenia, etc. It means mplication which caused	the disease,	DUE TO					
		INTECENDENT CAUSE OR CONDITIONS, IF A		(8)				······································	
	RISE TO TH	E ABOVE CAUSE (A) ST		DOE 10					
Z	ONDEREN	TO GORDINGIA LASI.		. (C)		***********			
CATION		II NIFICANT CONDITIONS DEATH BUT NOT REI							
TIFI	DISEASE O	R CONDITION CAUSING	FIT.		Loo A All Tone vo		OOD IP VEC WERE FIA	IDINGS CONSIDERED	
L CERT	2	OPERATION 198, CON WAS PER	FORMED		yes		IN CERTIFYING CAUS		
N S	UNDERLYING	L CAUSE WAS	hame	PLACE OF INJURY (e.g., i , form, factory, street, o	n ar about 21C. W	OCCUR?	f in Baltimare City, give	ve exact location)	
MEDIC	UIING - CAU	SE OF DEATH.	etc.)	street		ute 695		unty Beltwa	У
1	OF INJURY (APPRDX.)	(Month) (Day) (Year)	3:27AV	VHILE AT NOT	AZILII E eee	to ran	off road	530	0
	22.	er al al lallar d		hand					
		tify that I held an I		Inspection Aut			s basis, death in m Indetermined monne		
	resul	ted fram: Natural ca	uses A	Suldide		EDICAL EX		ar []	
	ACTUA	L ////	h, M,	11.4	ASSISTANT ME			DATES	IGNED
	SIGNAT		MIN	MOMENTA	ASSOCIATE M				
	EXAMIN NAME (Type) Rudiger				EDICAL EX	AMINER	11-27	-65
	BURIAL CRE		23	C. NAME OF CEMETERY O				town, ar county)	(Stote)
	BURIA	11/30/	165	BALTO, NA	TIONAL		BALTO.	Md.	
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR	30	ADDRESS	KK R
	NOV29	1965 R.C. B	E. Fast	Bound O O	14057	MAD	NABB 30	1228	
VS	151-REV. 1/1/	» N991	X		PEREN	7			



BALTIMORE	CITY	HEALTH	DEPART	MENT
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BAL	TIMORE CITY HEALTH DEPARTMENT
	RTIFICATE OF DEATH Registered No. \$5 12090
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARGLAND	ON D. WOY, 26 1965 12,45 A.
	A. STATE B. COUNTY 903
FULL NAME OF (If not in hospital or institution, give street oddress or location)	CITY OR TOWN /III outside city limits, write RURAL and give township)
Ministrution memorial of	ospital Balf more Mary Paul
Balfimore Marylany	1 1 STREET ADDRESS (If jurol, give locotion) 503 E. 36 th Street 21218
5. SEX 6. RACE 7. MARRIED, NEVER MANUAL MIDOWED, DIVORCE	
male while Marie	2-1-02 63
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Engr. Schools	Daltimore, Manyland U.S. H.
13. FATHER'S NAME	
15. Was Deceased Ever in V. S. Armed Forces? 16. SOCIA	Mary IL LOSKER 17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECUR	TITY NO.
118.	Mrs. Ruth C. Malan 503 E. 36th. St.
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) Browlingenie Causinoma
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	Due 10
ANTECEDENT CAUSES	(8)
DISEASES OR CONDITIONS, if any, giving	DUE TO
rise Ia the abave cause (A) stoling the UNDERLYING CONDITION last.	(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	ERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
11-22-65- WAS PERFORMED EXPLORATORY T	huracotomy No IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, lorm, for	INJURY (e.g., in or Shout 21 C. WHERE DID (If in Boltimore City, give exact location) ctory, street, office bldg., INJURY OCCUR?
DEATH (notify medico) (exominer)	No No
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY O While At	
Work Work	Wi At Work \ \ \ NU \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22. I certify that (Trithis hospital) attended the deceas	
and hour and from the causes stated above. (1) (We) (di	
23A. SIGNATURE	23B, DATE SIGNED
Yang form	M.D. Attending Med. Director Phys. Stoff Wor-2.6-65
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS MILLY Memerial Hospitel
K'ANG FAN,	M.D. Bortos severe, mongland / &
REMOVAL (Specify)	METERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
	y Cross Brooklyn, A. A. Co. Md.
NOV 9 0 1005 A C 258. NAME OF REGISTRA	1 0 - 10 88 C. V/
VS 150-REV. 1/1/65	130 E. Fort Ave

(Type or Print)

of death Deceased

contributing cause

death

etermined cause;

(4) Und

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to the hospital

the body was released

nature;

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death.

prior

deceased

disposition

2. DATE AND HOUR OF DEATH

Robert T. Schmidt 3. PLACE OF DEATH IN BALTIMORE MARYLAND

November 22, 1965

FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

Maruland C. CITY OR TOWN (If outside city limits, write RURAL and give township)

3420 (hesley Avenue

(If rural, give location

3420 (hesley Avenue

6. PACE 5. SEX

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Dec. 27. 1899 Married

9. AGE (In years

If Under 1 Yr. If Under 24 Hrs. Months Doys

THE USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)

Penn.

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

Machinist 13. FATHERS NAME

Mode

Harry B. Schmidt

Margaret Ellen McLain

17. INFORMANT

5. Was Deceased Ever in U. S. Armed Forces

SECURITY NO.

Marian Anderson Schmidt-3420 (hesley Ave.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,

heart failure, asthenia, etc. It means the disease. injury or complication which caused deoth.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, rise to the above cause (A) UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examine

21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR?

(If in Boltimore City, give exact location)

MEDIC OF INJURY (APPROX)

(Doy) (Yoor)

WAS PERFORMED

21 E INJURY OCCURRED While At Not While At Work

21F. HOW DID INJURY OCCUR?

Director _

22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an N

and that in(my) (applican death accurred an the date

and haur and from the causes stated abave. (1) (Me) (did) (did wot) view the bady after death.

23A SIGNATURE

Attending Phys. 23D. ADDRESS Stoff

23B, DATE SIGNED

24A. BURIAL CREMATION, REMOVAL (Specify)

Loudon Park (emetery

Baltimore Maryland

258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR ADDRESS Miller Inc-6415 Belair Rd. 21206

VS 150-REV. 1/1/65

FUNERAL DIRECTOR:

IMPORTAN

ENGE . TO - -1 a hospital and of death

or contributing cause

if the direct

Also,

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

examiner.

medical

the body was released to the hospital by a

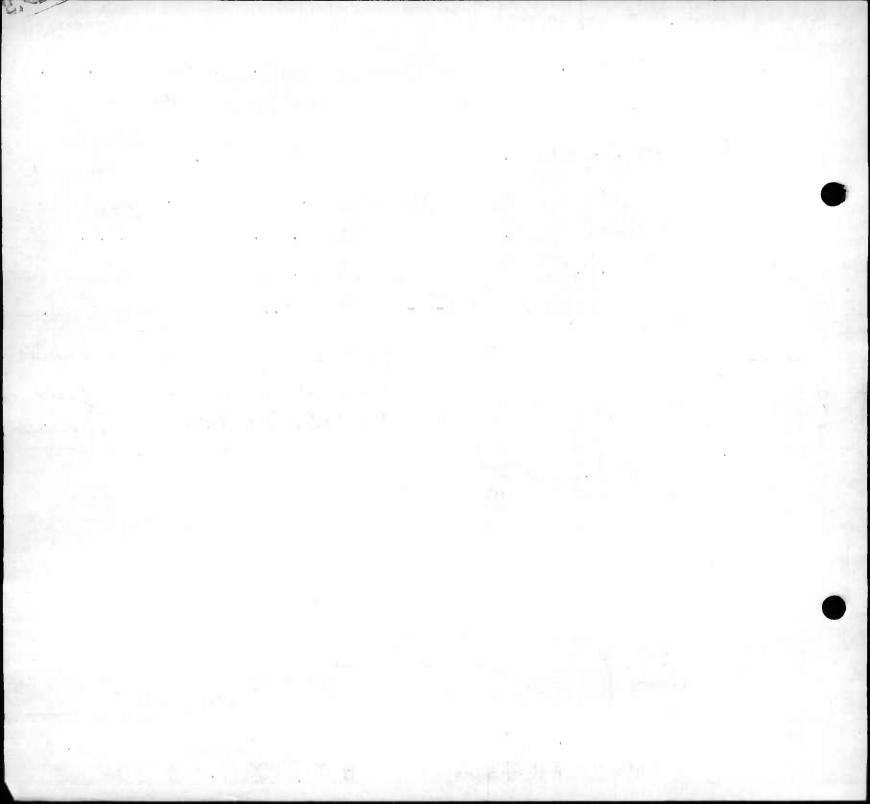
		OF 401	002		TY HEALTH DE			2-1-2-2-2
M.E. CAS		65 12	250	CERTIFIC	ATE OF	DEATH	Registered No.	65 12092
	OF DECEASED					2. DATE AN	ID HOUR OF DEATH	
	Alber		athe			Nov	. 22.1965	nstitution: residence before od
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street				A. STATE	8. COUN	re deceosed lived. If it	institution: residence before od	
HOSPIT INSTITU	AL OR OC	not in hospital Idress or location		street	C. CITY OF		tside city limits, write	RURAL ond give township)
0	02-2				D. STREET A		rurol, give location)	
	2131 An	napolis	Rd.		2131	Annapol	Lis Rd.	
5. SEX male	6. RACE	ite		ver MARRIED DIVORCED (specify) Married	July 3		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months Doys Hours
IOA, USUA	L OCCUPATION	(Give kind of work		ISINESS OR INDUST	RY 11. BIRTHPLA	CE (State or fore		12. CITIZEN OF
	most of working life		771 + 7.7	2 - 2 - 4 - 2	-			WHAT COUNTRY?
	il Serv	TGE	Ft. Ho	Labird	Ball Ball	to. Md.	ME	U.S.A.
					MOTHER			
	homas B			500111	Ella 17. INFORMA	V. Had	lel	A. C. D. C. C.
(Yes, no or	eceosed Ever in Unknown) (If yes,	give wor or dote	s of service)	SECURITY NO.	17. INFORMA	AN I		ADDRESS
yes	Wo	rld War	II 2	214-01-50	37 Warr	en C.Ls	the 2131	Annapolis Rd
18.	501	(1012)	60X	CAUSE	OF DEATH	-	6	INTERVAL BETWE
	DISEASE OR C	ONDITION DIR	RECTLY	ac	Lenvea	recuen	ia cooper	ONSET AND DEA
		G TO DEATH		m	trotres	2 to m	edinolisa	m 3 mes
	does not mean			DUE TO	aud a	Bacian	and beautiful and the last	ages onset and dea
	loilure, asthenia ar complication							
	The state of the s	DENT CAUSES		(B) C	uterw.	releval	ie Heart Sh	you Injea
DISE	ASES OR CON			DUE TO	0			.1
rise	Ia The abave	cause (A)		(C) 1	Diale	tea n	relletin	6 Mea
UND	ERLYING COND	ITION last.		•				
-		-11						V
O THE	R SIGNIFICANT							
DISE/	ASE OR CONDITI	ON CAUSING I	T		156.	a b a wa di W	d oon in	
TIPE OF THE OF T	A TE OF OPERAT	ON 198. CON	DITION FOR WHI	ICH OPERATION	20 A. AUT	OPSY? (Tes or No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CO	ACCIDENT WAS DNTRIBUTING H	CAUSE OF	218. PL. home, etc.)	ACE OF INJURY (e.g. form, foctory, street,	office bldg., INJ	URY OCCUR?	(If in Boltimor	re City, give exoct locotion)
O 21 D. T		(Doy) (Year)	(Hour) 21 E, IN	JURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?	
E OF IN	JURY		While		hile 🗀			
			Work	L At W			~	1
22. 1	certify that (1)	(this hospital) ottended the	deceosed from	9-1,	Y	1956 10	11/22 19
that (1) (we) lost say	w the decease	d alive on	11/22	19 6	and th	ot in(my) (aur) opi	inion death occurred on t
and h	our and from th	ne couses stat	red above. (I) A	We) (did) (did-net	view the bod	v ofter death.		
	IGNATURE	0 0	0 0	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , ,	, 2 0001116		23 B. DATE SIGNED /
	Jolus (J'. Ulle	ren, Ja) M.D.	Attending	Med.	Stoff	11/22/6
230 6	HYSICIANES				hys. 23D. ADDRESS	Director 🔲	Phys.	11/20/0
230.	AME (Type)	7 11-	0.011	1-0	,	222	11/0.0	Blill
	JOHN !	URL	OCK	UR M.	D. / /	44/	vace.	muy!
24A. BURI	AL CREMATION, OVAL (Specify)	24B. DATE	24C, NAM	E of CEMETERY OF	CREMATORY	24D, L	OCATION (C	City, town, or county)
Bur		Nov.	26/65 GI	Len Haven		D4	tabia II	h D 74. 35
	E REC'D BY HEAL			REGISTRAR	25C. FUN	ERAL DIRECTOR		hway Balto Me
				100 4 100	, red 9.	A =		
NOV	29 1965	DO A	O I.A		SANW	einsber	g Funeral	Service

Burial REC'D BY HEALTH DEPT. 26 26/65 258. NAME Glen Haven 1965 0 29

VS 150-REV. 1/1/65

Shweinsbeng

Funeral Service



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

K	- 45	2 05 300	102	BALTIMORE CITY	HEALTH DEPARTMENT	0	E 40000
	TH NO.	2 65 12	550	CERTIFICA	TE OF DEATH	Registered No.2	0 12093
1. N	AME OF DE	CEASED R 11		nestber	2. DATE	AND/HOUR OF DEATH	710 Pm
3. 1	PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	nesivai	14. USUAL RESIDENCE (V	Vhare dacaased livad. If in	stitution; residence before admission)
	FULL NAME			ve street	Maryland	9	6-07
	HOSPITAL OR	oddrass or locatia	n)		Baltimore	autside city limits, wrifa l	RURAL ond give tawnship)
H	D /	4940 Easter	n Avenue	,/	D. STREET ADDRESS	(If rural, give lacation)	
	100/	timore C	144 1	4538	336 Macon S	treet 2122.	4
	emale :	6. RACE White	Marri		8. DATE OF BIRTH 11-11-1897	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
		UPATION (Give kind of war working lile, even if retired)	10B, KIND OF E	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSI				MARYLAND		USA
13.	FATHER'S NA	ME THAN SHIREY			KATE MUL		
15		d Ever in U. S. Armed Fo	11	6. SOCIAL	ITA IE MUL	LIGAN	ADDRESS
(Ye	s, no oi unknaw	(If yas, giva war ar date	as af sarvica)	SECURITY NO.		010 7 1	
	NO	A 1/2 :	1	NONE	F DEATH	.940 Eastern A	Venue 21224
	16	SE OR CONDITION DI	RECTLY	CAUSE	. 1		ONSET AND DEATH
		LEADING TO DEATH		(A)	Huper	nephron	1a 64VS
	hearl failure	nat mean the made of asthenia, etc. II means	the disease,	DUE TO	11		/
	injury ai ca	mplication which caused ANTECEDENT CAUSES		(B)			
	DISEASES	OR CONDITIONS, if		DUE TO			
	rise la II	e abave cause (A) G CONDITION last,		(C)	***************************************		
		II					
ATION	TO THE O	DEATH BUT NOT RELACED CONDITIONS	ATED TO THE				
ERTIFIC	19A. DATE O	F OPERATION 198. CON WAS PER		HICH OPERATION	20A. AUTOPSY? (Yos or	No. 20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
CAL C	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical exominer)	21 B. P hame, etc.)	LACE OF INJURY (a.g., i farm, factory, streat, o	n or about 21C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Baltimare	City, give exact lacotion)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year)		NJURY OCCURRED		INJURY OCCUR?	
2	(APPROX.)		While Wark	At Nat Whi			1
	22. I certify	that Mithis hospita	l) attended the		10/21	19 65 10	11/26 1965
	that W (we) last saw the decease	ed olive on	11/26	19 6 5 ond	that in (my (aur) api	nian death accurred on the date
			ted above. (1)	(Me) (did) (did not)	view the bady after deat	th.	
	23A. SIGNAT	" 1 A			ending Med.	Stoff A	23B. DATE SIGNED
	23C. PHYSICI	ans I	rou	Phy	23D. ADDRESS	Phys.	1/26/65
	NAME (Dr. Virgil Bi	cown	M.D.		Avenue Balto.	. Md. 21224
24	BURIAL CR	MATION, 248. DATE		AE of CEMETERY of CR			ty, tawn, ar county) (State)
UR.	IAN	11-30-	65 MO	RELAND		BALTO, CO.	MD
		BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
	NOV	29 1965 10	4 6 to	LUMB	soffiche	/Lodley,	pedack, Hel'
VS	150-REV. 1/1.	63				//	

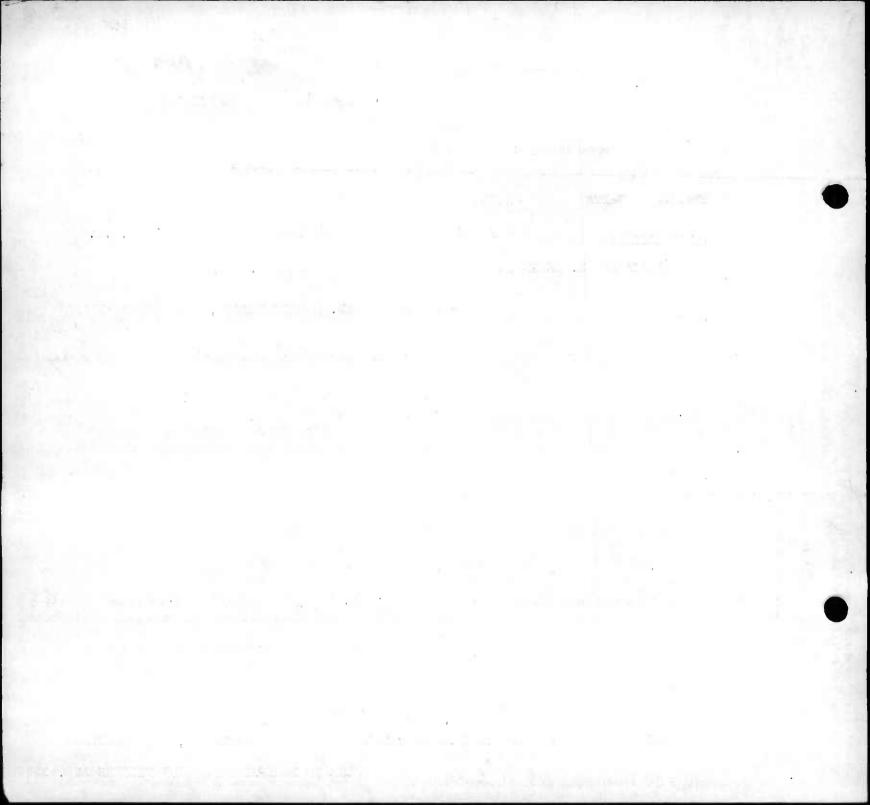
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VS 150-REV. 17/65

25B. NAME OF REGISTRAR

M.E	TH NO.	65 12	CENTIFICA	TE OF DEATH	X		
	AME OF DEC			2. DATE A	NO HOUR OF DEATH	,	
0 8		PHYL.	LIS HERTLEIN	11	1/124/6	\$	1
	FULL NAME O		or institution, give street	4. USUAL RESIDENCE (WHA. STATE B. COU	ere diceosed lived, If		before odmission
	HOSPITAL OR	oddress or locotion		C. CITY OR TOWN (If o	utside city limits, write	RURAL ond give to	ownship)
0		HOOD NUR	SING HOME	D. STREET ADDRESS (1)	rural, give location)		
5. S	FEMALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	8. DATE OF BIRTH 2/13/1869	9. AGE (In years tost birthdoy) 96	If Under 1 Yr. Months Doys	If Under 24 Hrs Hours Min.
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF	JNTRY?
	STATIST	ITION	USF&G	MARYLAND		U.S.A	•
13. 1	FATHERS NAM GO	TTFRIED K. HE	RTLEIN	14. MOTHER'S MAIDEN NA ANNA	B. SOMMERS		
15.	Was Deceased	Ever in U. S. Armed Fore	ces? 16. SOCIAL	17. INFORMANT		ADDRI	ESS
res	NO NO	(If yes, give wor or dote	219-05-6595	MRS. LOUISE	DEPSER, 163		
	18. 44. 4	3 XI	CAUSE O	DF DEATH			AL BETWEEN AND DEATH
F	OISEA	SE OR CONDITION OIR	ECTLY	1 1	,		ANDULANI
		LEADING TO DEATH	(A)	under de	company	200la j	duy
	OISEASE OR CONDITION ORECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) (A) (Included Automatical 3 day (A) (B) (B)						
	injury or con	nplication which caused	death.)	Much	r Truces	1 1853	
		application which caused ANTECEOENT CAUSES		Hype	rtenera		
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25C. FUNERAL DIRECTOR ADDRESS
HUBBARD FUNERAL HOME 4107 WILKENS AVE. ADDRESS



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 65 12095	CERTIFICA	TE OF DEATH	Registered Na	5 12095
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print)		2. DATE AND	D HOUR OF DEATH	
Elsie Schuerma	an	11/27	7/65	16 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	Baltmore	itution: residence before odmission)
FULL NAME OF (If not in hospital or instit	ution, give street	1 (was all mass		
INSTITUTION		2 1	01	JRAL and give township)
		D. STREET ADDRESS (If it	urol, give location)	21-01
Mercy Hospit	al tuc.	4611 Walt	her Blod.	
	RRIED, NEVER MARRIED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
	idowed	11/3/1882	83	
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during mast of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	jn country)	12, CITIZEN OF WHAT COUNTRY?
none	none	New yor	C	USYA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
Harry H. Walton		Eva I Low	wdge	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of se	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	Caraca	ADDRESS
no		Mrs. Evelyn &	ckhott,	same
18. 443XI	CAUSE	OF DEATH	00	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		Vialleman		
(This does not meen the made of dying,		Mannovaro		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
heart failure, asthenio, etc. II means the di- injury or camplication which coused death.)		111102111		4.11
ANTECEDENT CAUSES	(8) DUE TO	1420 A	x = x = = = = = = = = = = = = = = = = =	000 00 × 0 × 00 00 00 × 00 00 00 00 00 0
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uise la lhe abave couse (A) staling UNDERLYING CONDITION lost.	the (C)			
_ 11 11	^			
OTHER SIGNIFICANT CONDITIONS CONTRIL		0 44 17		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMET 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED	,	No	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,		(If in Boltimore	City, give exoct locotion)
DEATH (notify medical examine)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour		21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work Not Whi			
22. I certify that (I) (this hospital) atter	ded the deceased fram	11 21 1	9.65 10 1	1 27 19 63.
that (1) (we) last saw the deceased aliv	o an 11/27	19 15 and tha	it in (my) (aux) opini	ion death accurred on the date
and haur and fram the causes stated abo	ive. (1) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE		andre — Mad — 1	/	23B, DATE SIGNED
Julan Legas	M.D. Att	ys. Director	Stoff Phys.	1127/13
23C-PHÝSICIAN'S NAME (Type)		23D. ADDRESS		
24A BUDIAL CREMATION 24P DATE	M.D.	EANA TORY	CATION	Assure as assured A (Sec.)
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	240. 10	- 1 1 11	, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. [258. N	(rest Haven	(emetery (lifton, Ne	w yersey
11011 - 1 100 A A	Farbourna.		Ruch One 5	305 Harford Rd.
VS 150-REV. 1/1/65	TOMORY THE	Levicaca J. 1	THE SILL	Jos Hacy orta Ma.

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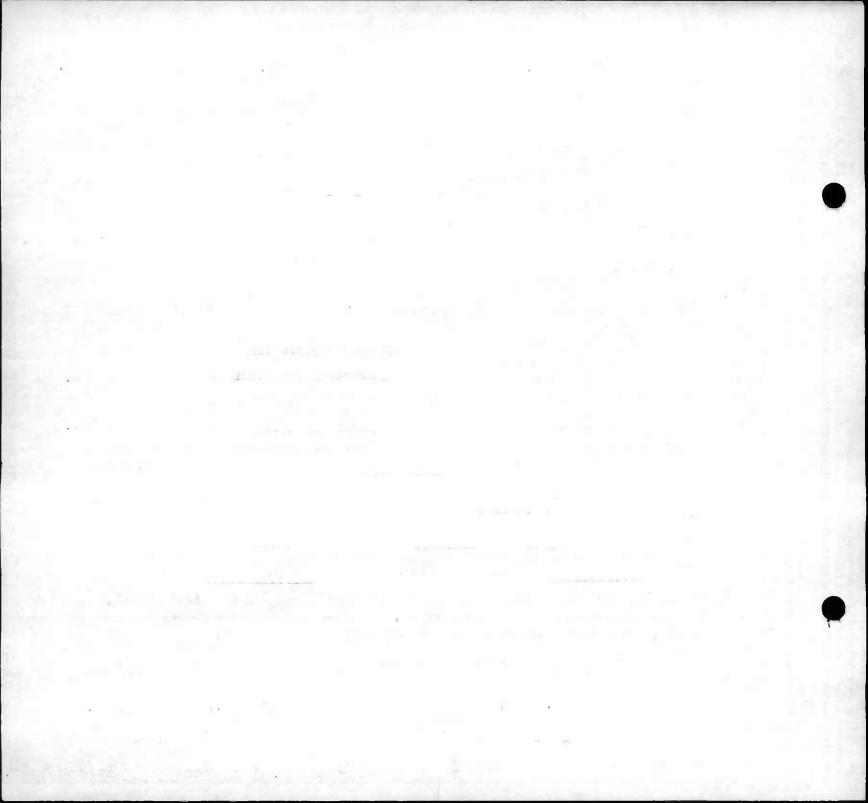
ENLIN AME OF INSTITUTION (F. NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Union Memorial Hospital Union Memorial Hospital Union Memorial Hospital S. SEX (S. RACE INTERPRETATION OF INSTITUTION) Union Memorial Hospital Union Memorial Hospital S. SEX (S. RACE INTERPRETATION OF INSTITUTION) Union Memorial Hospital D. STREET ADDRESS UIT rared, give locosent in the White Interpretation of the Whi	BIRTH NO.	MED	ICAL EX	KAMINER'S C	ERTIFICA	TE OF DEATH	egis ared No.	2096
County C								
A. STATE MARY LOR MARYLAND, WHEE PRONOUNCED DEAD HULL NAME OF HOSPITAL OR INSTITUTION, GVE STREET HOSPITAL OR NATIONAL OR INSTITUTION, GVE STREET ADDRESS OR LOCATION) Union Memorial Hospital Linion Memorial Hospital Lini		DECEASED	-7			2. DATE AND HOUR PRON	OUNCED DEAD	
MANY OF ADDRESS OR LOCATION) WINDSTITUTION Union Memorial Hospital Union Memorial Hospital Union Memorial Hospital 5.5EX 6. RACE White White White UNION Memorial Hospital S. DATE OF BRTH S. DATE OF	1700 01 111111	WEE	STER /	HANCOCK		11	/25/65	111:45 p. N
Maryland Distance or process of locations in the full winds of workship to a few maryland Maryland Maryland Distance or process of locations in the full under 1 Yr. If Under 1 Y	. PLACE IN B.	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESI	DENCE (Where deceased lived.	If institution: re:	sidence before odmissio
THE NAME OF CONTROL HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION INSTITUTION, GIVE STREET ADDRESS OR LOCATION INSTITUTION ADDRESS OR LOCATION INSTITUTION, GIVE STREET ADDRESS OF LOCATION IN CONTROL OF LOCATION IN CONT							B. COUNTY	altimore
Baltimore - rural D. STREET ADDRESS (If rurds, give locades) D. STREET ADDRESS (If urds, give locades	ULL NAME C	F ()F NOT IN HOSPIT	TAL OR INSTIT	UTION, GIVE STREET				
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Union Memorial Hospital SEX OF RACE White Whote Sex OF BRTH Sex Sex OF BRTH Sex Sex Sex Sex Sex Sex Sex Se	56							0000
S. SEX 6. RACE	4				D. STREET ADE	DRESS ()f rurol, give location)	Al .	
male white "NARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) S. DATE OF BIRTH Sept. 21, 1897 (See See See See See See See See See Se		Union Memori	al Hosp	ital	1.1	C Dullbanton Dd	, , ,	
male white winower, DIVORCEO (specify) Sept. 21, 1897	CEY				IR. DATE OF BUR	TH 9. AGE (In	veots Iff Und	er 1 Yr. If Under 24 H
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not men mode of dying e.g., heart for men fine mode of dying e.g., heart for omplication, which course december.) ANTECENDENT CAUSES DISEASES OR CONDITION S, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION S CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE DISEASE OR CONDITION LAST. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH SIT NOT RELATED TO THE SIGNIFICANT CONDITION CONTRIBUTION COURSE OF DEATH? 21A. EXTERNAL CAUSE WAS UNDERLYING FOR WHICH OPERATION COLUMN COURSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or oboul) 21C. WHERE DID (If in Bollimore City, give excel locotion) to the color of the	_				C	lost birth do	y) Months	Days Hours Min.
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NAME (Type) Werner U. Spitz. M.D.		W CALLUA	U. Spit	z. M.D.				
23A, BURIAL CREMATION, 23B, DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (S						1-0-	a material and	

Burial 11/30/65 Baltimore National Baltimore Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

NOV 29 1965 R. C. S. E. Fall 1 1 Lanard J. Ruck Inc 5305 Harford Rd. VS 151-REV. 1/1/65 N 809, 0

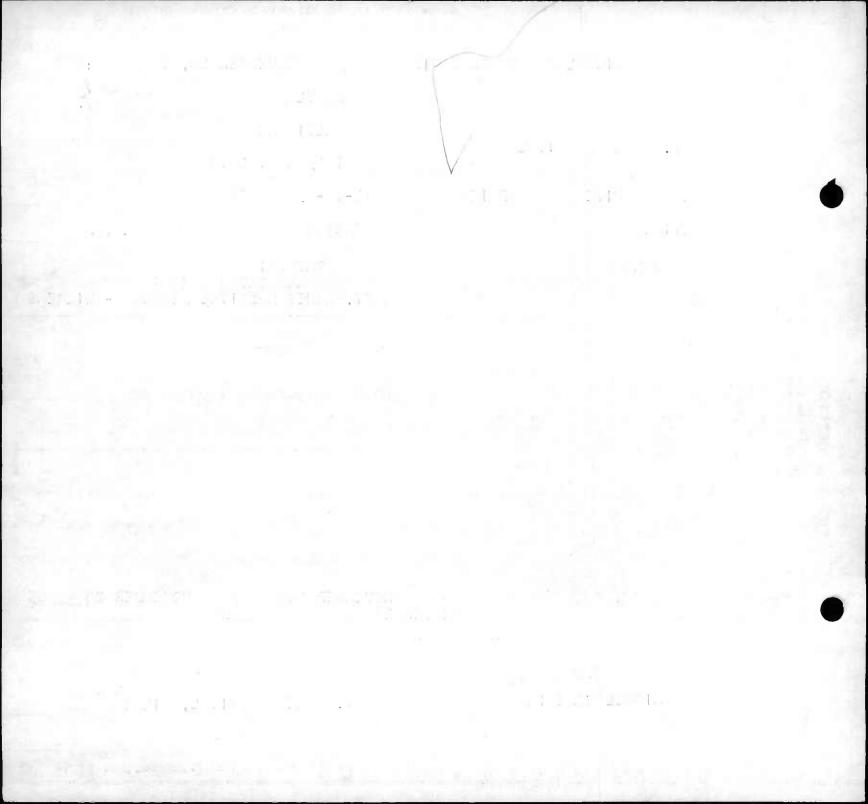
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	65 1209	BALTIMORE CI	TY HEALTH DEPARTMENT	5 400000
BIRTH NO.			ATE OF DEATH Registered No.	5 12097
M.E. CASE NO.	ASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	Dora	E. Reiten		1 A. M.
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		nstitution: residence before odmission)
FULL NAME OF HOSPITAL OR	F (If not in hospital oddress or location	or institution, give street	Maryland C. CITY OR TOWN (If outside city limits, write	RURAL ond give township)
10	0 1		Baltimore D. STREET ADDRESS (If rurol, give locotion)	
	5205 Bida	lisob Lane	5205 Biddison Lane	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
temale	white	widowed, divorced (specify) married	7-26-1902 lost birthdoy 63	Months Doys Hours Min.
	PATION (Give kind of working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housen	/		Germany	115-4
13. FATHER'S NAM	NE O		14. MOTHER'S MAIDEN NAME	
Emil E	Brauer		X Emilie Hottman	
5. Was Deceased	Ever in U. S. Armed For	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
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18.33	OXI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DI LEADING TO DEATH	(A)	Coronary Occlusion	0
heort failure,	al meon the mode of asthenio, etc. It meons plicotion which caused	s the diseose,	Myocardial Insufficiency	3 Yrs,
	NTECEDENT CAUSES			0000000
DISEASES O	R CONDITIONS, if			
	obave couse (A) CONDITION last.	stating the (C)	Paralysis Agitans	5 Yrs,
7	11			
E TO THE DI	FICANT CONDITIONS (EATH BUT NOT RELA CONDITION CAUSING	ATED TO THE		A
19A. DATE OF	OPERATION 19B. CON WAS PER	NOTION FOR WHICH OPERATION REFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
	IT WAS UNDERLYING TING CAUSE OF			re City, give exact location)
DEATH (notify	medical examiner	etc.)	once stage, INJOKI OCCOK:	
21 D. TIME OF INJURY	(Month) (Doy) (Year)		21 F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Work At Wo	rk	
22. I certify	that (1) (this hospita	I) attended the deceased fram	January 19 60 to Nove	mber 27, 19 65
that (1) (‰e)	last saw the decease	ed alive an November 15.	19 65 and that in(my) (aur) ap	inlan death accurred an the date
and have and	from the causes sta	ited abave. (1) (We) (did) (did nat) view the bady after death.	
23A STGNATU	RE P	21		23B. DATE SIGNED
23 C. PHYSICIA	15-7-11	M.D.	Attending Med. Stoff Phys.	11/27/65
NAME (T)	rpe)	. Marr. M.	23D. ADDRESS D. 516 Cothodwol Ct. Bold	Maran S. Ara
	Ernest G.	24C. NAME of CEMETERY of C	ore cathear at at, bart	ity, town, or county) (Stote)
Burie	pecify)	0-65 Moreland Me		e, Maryland
MOV 9 0	, , ,	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
S 150-REV. 1/1/6	1300 ((1) 1000)	C' davida A. "	Legnard J. Ruck Inc	5305 Harford Roa
3 130-RE V. 1/1/0				



1 65 12098	BALTIMORE CITY HEA		Registered 85	12098
BIRTH NO.	CERTIFICATE			5.000
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) NICHOLAS JOHN		NOVE	BER 26, 1	
3. PLACE OF OEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution,	A. S	STATE B. COUNT MARYLAND	e deceased lived. If in TY	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location) INSTITUTION		BALTIMORE	side city limits, write	RURAL and give lownship)
ST. AGNES HOSPITAL	0. 9	STREET AOORESS (If I	urol, give location)	
5. SEX 6. RACE 7. MARRIED,	NEVER MARRIED B. OA	1723 EAST	AGE (In years	If Hadas 1 Vr. If Hadas 24 Mrs
MALE WHITE MARR	ED (specify)	2-17-95	7/0 69	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) RETIRED		SIRTHPLACE (State or foreign	gn Éountry)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. /	MOTHER'S MAIDEN NAM	1E	
JOHN		PATRICIA		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, po or unknown) (Iff yes, give wor or doles of service)	16. SOCIAL SECURITY NO. 213093725	NFORMANT AND CA	SPITAL REC	CORDS - WILKENS
18. DISEASE OR CONDITION DIRECTLY	CAUSE OF DE			INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Card	use arrest		
(This does not mean the mode of dying, e.g.,	OUE TO			
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)	1. 2	ise Arrest te Myveard	120/1	友
ANTECEDENT CAUSES	(B) [LCUL	e Myvenra	ur uifare	LA P
DISEASES OR CONDITIONS, if ony, giving		(/	<i>y</i>	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	**************************************		9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IE			
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION 2	NO NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	R. PLACE OF INJURY (e.g., in or one, form, foctory, street, office b.)	bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED Not While At Work	21 F. HOW DIO INJU	JRY OCCUR?	
22. I certify that (1) (this hospital) ottended t	he deceased from NOVE		65 to NO	EMBER 26 19 65
that (t) (we) last saw the deceased alive on	NOVEMBER 26			níon deoth occurred on the dote
and hour and from the couses stated above.	1) (We) (did) (did not) view			
23A. SIGNATURE				23B, OATE SIGNEO
Hyper finedry	M.O. Attending Phys.	Med. Director	Stoff Phys.	11-26-6.5
23C. PHYSICIAM'S NAME TO BE HERED IA		ST. AGNES HO	OSPITAL L	CATON
HIGOLE MEKEDIA	WI. D.	SI O MONTE O TIL	JOI HIAL. Y	VILKENS AND
24A. BURIAL CREMATION, 24B. DATE 24C. N.	AME of CEMETERY OF CREMAT	ORY 24D. LC	CATION (C	VILKENS AND (ty. town, or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. N.		ORY 24D. LC		

11-26-65 CATON WILKENS AND (City, town, or county) (State) 25A. DATE REC'O BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR LEONARD J. RUCK, INC., BALTO., MD. 21214 VS 150-REV. 1/1/65



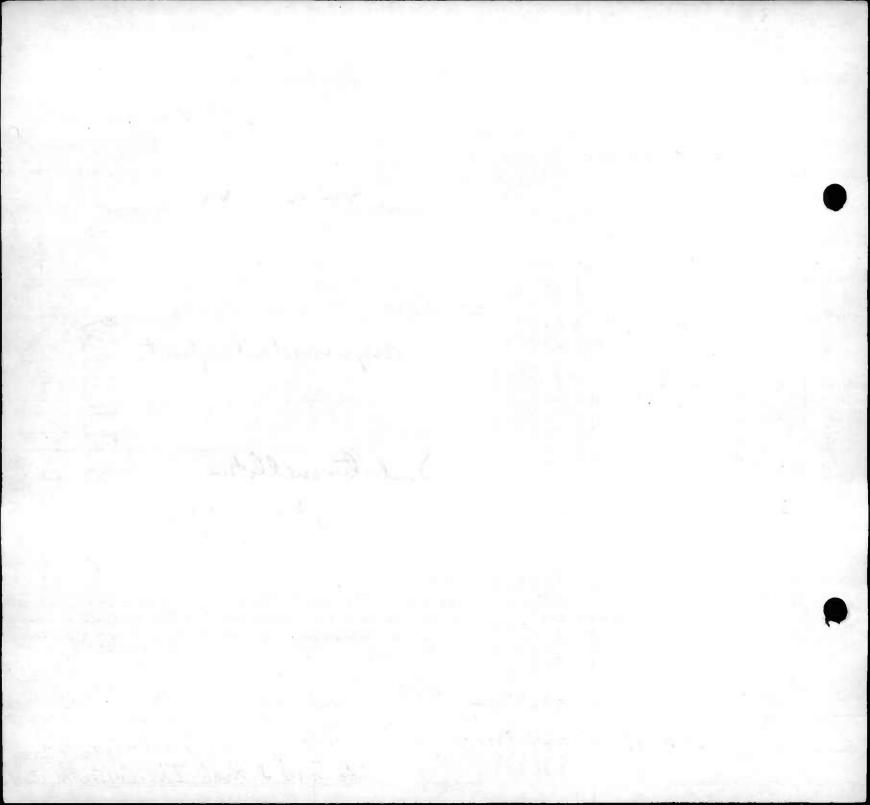
NOV 2.9 1965 VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT	05	1.6
BIRTH NO. 65 1209.	9 CERTIFICA	TE OF DEATH	Registered No.5	12:599
I NAME OF DECEASED	ausey Marsc	2. DATE AN	126/65	1 10 70 0
B. PLACE OF DEATH IN BALTIMORE, MARYLAND	/		/	10:20 A
FULL NAME OF (II not in hospital or institt HOSPITAL OR oddress or location)	ution, give street	Maryland.	27	7-06 JRAL ond give township)
Union Memorial Hosp	ital	Baltimore	14	
umon / thousand			rural, give location)	
		2808 Christ	opher Aver	Nue
m Cause Win	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) Married	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
6A, USUAL OCCUPATION (Give kind of work 10B, KIT lone during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?
Salesmon retired		Marylane	Χ,	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Charles Marsch		Evelyn Co	ausley	
5. Was Deceased Ever in U. S. Anned Forces?	1 6. SOCIAL	17. INFORMANT	0	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of ser	215-05-5631	Mrs. Matilda	Marsch	(Same)
18. 16-4-11 Van 17 1.	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	^			ONSET AND DEATH
LEADING TO DEATH	un Care	cinoma al Como	un Bile C) Lt
(This does not mean the made of dying,	e.g., DUE TO	cinows of Comm	otestarie	
heart failure, asthenia, etc. It means the dis injury or complication which caused death,)		c proce 1.		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,	DUE TO	11 221		
rise to the above cause (A) stating		afeter Mellite	v.	
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE Congestive /	reast Failure, Ac	ntier	
WAS DEDECIDANTED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED
EUOU 23, 1965,	Jaundice	No		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not Whi Work At Work			
				12/1/-
22. I certify that (1) (this hospital) often	ded the deceosed from	11/25/65	19to	26/65 19
that (1) (we) lost sow the deceased alive	on 11/26/63		ot in (my) (our) opini	on death occurred on the d
ond hour and from the couses stated abo		view the body ofter deoth.		
23A SIGNATURE				23B. DATE SIGNED
Richard R. Stephe	M.D. Att	ending Med. Director	Stoff Phys.	11/26/65
23C. PHYSICIAN'S	(11)	23D. ADDRESS	, •	, ,
RICHARD R. STEPHENS	ON M.D.		MEMORIAL	HOSPITAL
REMOVAL (Specify)	24C. NAME of CEMETERY OF CR			, town, or county) (State)
Burial 11/29/65.	Baltimore Nat	ional (em.	Baltimo.	re, Illd.
OCA DATE BECID BY HEALTH DEST JOED AL	AAAE OF BEGIETBAN	OCC PHAIRPAL PARACTOR		A Disperse

Legnard J. Ruck Inc. Balto. Md. 21214

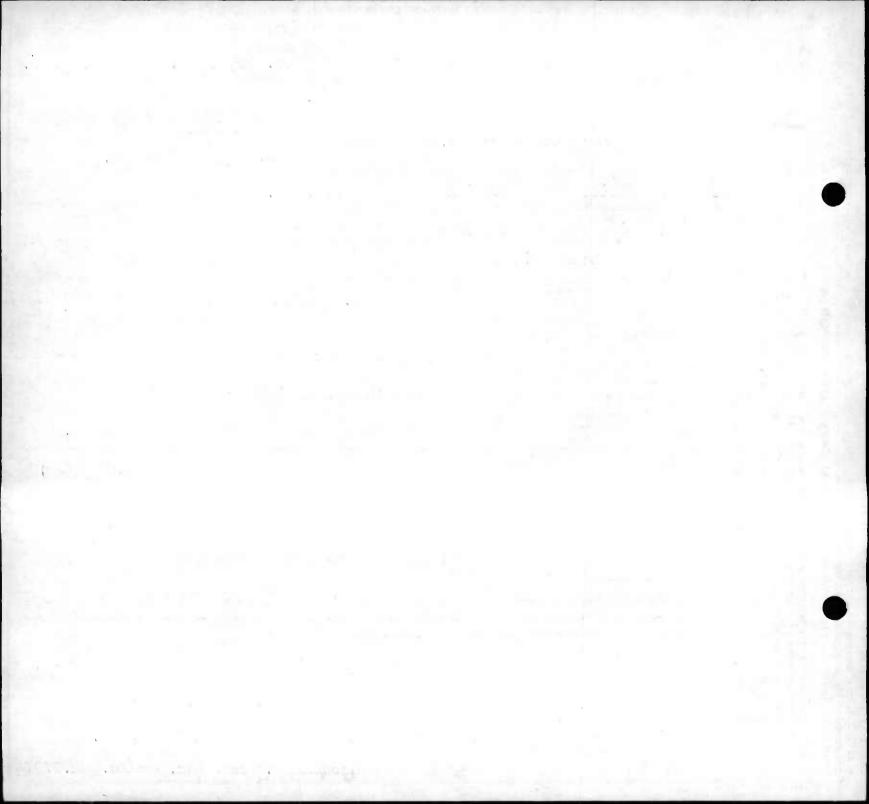
BALTIMORE CITY HEALTH DEPARTMEN

	NAME OF DECEASED				ATE AND HOUR OF DEAT	H	
		Elsie A.	Poehlman		11-52-65	ZP	
F	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admit A. STATE B. COUNTY M. C. CITY OR TOWN (If outside city limits, while RURAL and give township)			
	Maryland General Hospital 827 Linden Ave 21201			Baltimore 18 D. STREET ADDRESS (If rurol, give location) 2100 Dobler Ave			
5. \$	F	S. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours A	
		orking life, even if retired)	rk 10B, KIND OF BUSINESS OR INDUSTR		e or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. 1	FATHERS NAM	am Pro	\\	14. MOTHER'S MAID	DEN NAME		
15. V (Yes	Was Deceased s, no or unknown)	Ever in U. S. Armed Fo (It yes, give wor or do		17. INFORMANT	tal Chart	ADDRESS	
	heart failure, o	t meen the mode o sthenia, etc. It mean lication which couse	s me disease,	vog c ev i	van juji	7	
	DISEASES OF	NTECEDENT CAUSE CONDITIONS, if above couse (A) CONDITION last,	ony, giving				
CATION	DISEASES OF rise to the UNDERLYING OTHER SIGNIFITO THE DE DISEASE OR CO	CONDITIONS, if abave couse (A) CONDITION last.	ony, giving stating the (C) CONTRIBUTING ATED TO THE IT.	betes m			
RTIFICA	DISEASES OF INSERT OF THE DESCRIPTION OF THE DESCRI	CONDITIONS, if abave couse (A) CONDITION last.	ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION REFORMED	20 A. AUTOPSY? (Y	es or No) 20B, IF YES, WER	AUSES OF DEATH?	
L CERTIFICA	OTHER SIGNIFITO THE DE DISEASE OF CONTRIBUTOR CONTRIBU	CONDITIONS, if abave couse (A) CONDITION last.	ony, giving stating the (C) CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION REFORMED	in or obout 21 C. WHERE	es or No.) 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?	
MEDICAL CERTIFICA	DISEASES OF RISE TO THE UNDERLYING OTHER SIGNIFITO THE DEL DISEASE OF CONTRIBUTOR CONTRIB	CONDITIONS, if abave couse (A) CONDITION last. CANT CONDITIONS ATH BUT NOT REL CONDITION CAUSING OPERATION 198. COU WAS PEI T WAS UNDERLYING TING CAUSE OF medical examiner) (Month) (Day) (Year)	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Noi Wh. At Work	in or obout 21 C. WHERE office bldg., INJURY OC	es or No) 20B. IF YES, WERI IN CERTETING C. DID CUR?	AUSES OF DEATH? Dire City, give exact locotion)	
MEDICAL CERTIFICA	DISEASES OF RISE to the UNDERLYING OTHER SIGNIFITO THE DEDISEASE OR CONTRIBUTED TO THE DESTANCE OF THE DESTAN	CONDITIONS, if abave couse (A) CONDITION last. CONDITION last. CONDITION	contributing ATED TO THE IT. NDITION FOR WHICH OPERATION REORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Work Work Not Work at of alive an	in or about 21 C. WHERE office bldg., INJURY OC	DID (If in Bollimo	AUSES OF DEATH? Dire City, give exact location)	
MEDICAL CERTIFICA	DISEASES OF ITSEASE OF TO THE DEDISEASE OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAPPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) I and haur and	CONDITIONS, if abave couse (A) CONDITION last. I CANT CONDITION SATH BUT NOT RELEVANCE OPERATION 198. COURT OF MASS O	contributing ATED TO THE IT. NDITION FOR WHICH OPERATION REORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Work Work Not Work at of alive an	in or obout 21 C. WHERE office bldg., INJURY OC 21F. HOW wille 1990 the body after thending Med. Direck 123D. ADDRESS	DID (If it Boltime CUR? DID (If it Boltime CUR? DID INJURY OCCUR? 19 5 to and that in (my) (our) all death. Stoff Phys.	Dinion death occurred an the	



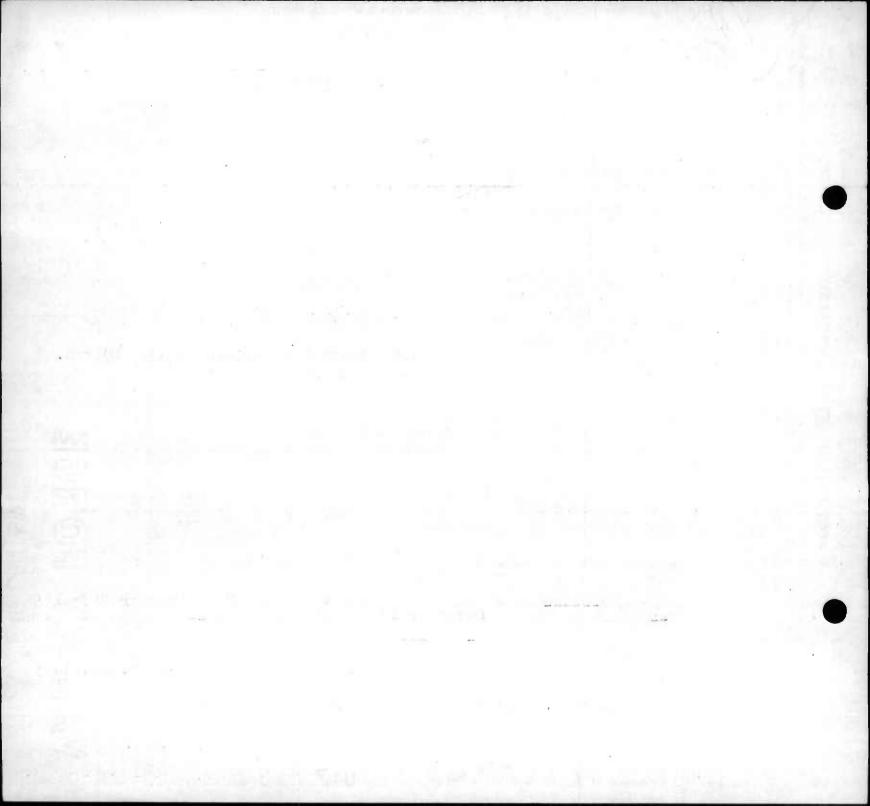
VS 150-REV. 1/1/65

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED Jennie McCleary CERTIFICATE OF DEATH Registered March R	G- , ii
1. NAME OF DECEASED (Type of Print) Jennie McCleary 2. DATE AND HOUR OF DEAT NOV. 26, 1965	TH.
A. STATE Md. B. COUNTY	institution; residence before admiss
Baltimore	te RURAL and give tawnship)
3779 (learview Ave. D. STREET ADDRESS () Trutol, gixe, location)	iew Ave.
Female White 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORGED (specify) May 8, 1877. 9. AGE (In years lost birthdoy) 88	If Under 1 Yr. If Under 24 Months Doys Hours Mir
done during, most of working life, even if retired) Housewife Own Home Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Abram Painter 14. MOTHER'S MAIDEN NAME Elend	ler Cone
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. Clarence McClear	y (Same)
(This does not mean the made of dying, e.g., heat failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the UNDERLYING CONDITION last.	ewar
DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. AND DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1 Oct 22,6
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B. IF YES, WEI	RE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID hame, form, foctory, street, office bidg., INJURY OCCUR?	nore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) While At Work At Work	٤
22. I certify that (I) (this hospital) attended the deceased from 19 5 to 1 that (I) (see) last saw the deceased alive an 10 V 26 19 5 and that In(my) (sur) c	DU 26 196 apinian death accurred an the
and haur and from the causes stated abave. (I) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Stoff Phys.	23B. DATE SIGNED 120, 27, 6.
DAMES E. White M.D. 5214 HARFORD	Road-
Burail 11/30/65 Parkwood Cemetery Balti	more, Mde (Stot
NOV 29 1965 Robert Entrantal Director Legonard J. Ruck Inc	Balto. Md. 21.



-1	-	1			
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	ital de	eced	no	rh.	
	Se	(5)	ance	dea	
	מפח	use;	puel	04 .	
	i be	d ca	r att	prior	9.
	curr	nine	gula	pa	mad
	h oc	Herr	rec	ceds	n is
	deat	Ond	as ii	e de	sitio
=	irec	(4)	¥ *	n th	lispo
TAP	istar he d	kind	deat	0 00	na
OR	s ass	any	ced	ndan	or fi
E	Also.	e of	noon	atte	med
FUNERAL DIRECTOR: IMPORTANT	ner	schur	pror	lar	nbal
CTO	cami	A fre	vho	regu	10 01
IRE	dle,	(3)	on v	Ξ.	ns a
7 0	edica	urns	ysici	Was	emai
IER/	ief m	dy b	e ph	ician	he r
S. S.	e ch	2) Bo	4+ e.	phys	ore t
П	by th	re; (wher	°N	bef
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	the the	any	exc)	and :	obto
	be at	t of	ital	ath)	st be
	edse	iden	hosp	o de	m
	ite m	ו מככ	at a	ior te	written approval must be obtained before the remains are embalmed or final disposition is made.
	hifica	1) Ar	2.A.	d pr	ddb
	bod	WS: (D.C	9909	tten
	This	sho	Was	dec	WF

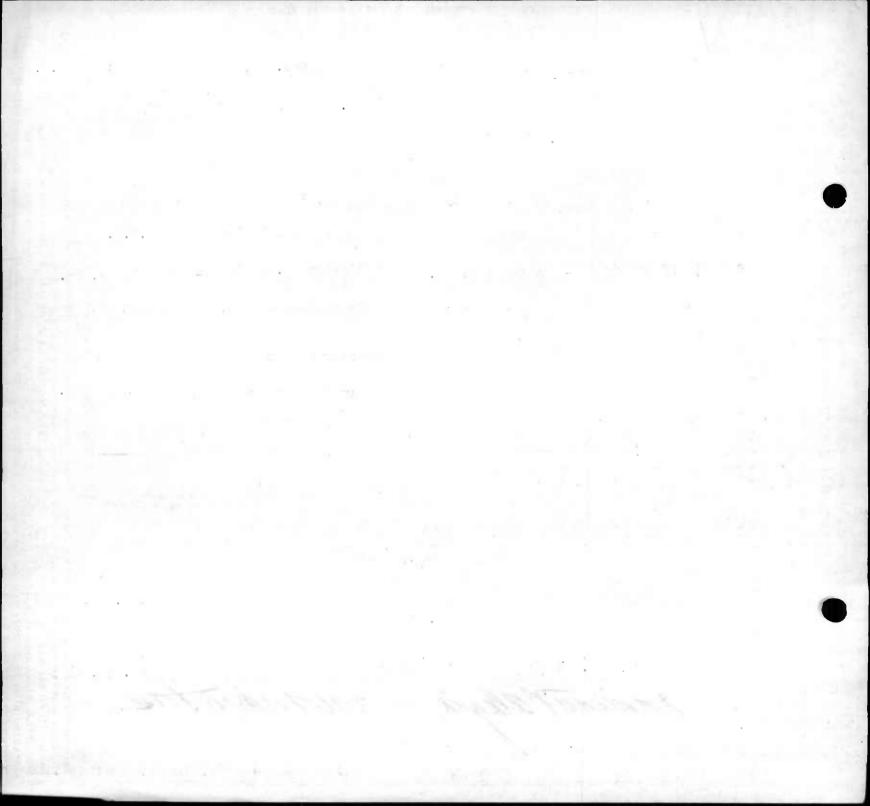
	01	- 10100	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	0.	5 12102	CERTIFICA	TE OF DEATH	Registered No.	OF 49409
M.E. CASE NO.	CEASED				D HOUR OF DEATH	65 12702
Type or Print)		DATON 1	137 701110 0371 1437			7 70 1 16
B. PLACE OF D	FATH IN BALTIM	ORE MARYLAND	AY BERRYMAN_		24-1965	7.30 A.M.M.
				A. STATE B. COUN		
FULL NAME	OF (If not in	hospital or institution.	give street	C. CITY OR TOWN (If out	Baltim	ore City
HOSPITAL OF	doddress	or location)		C. CITY OR TOWN (If out	side city limits, write	Ore City RURAL and give township)
rk.	Ardle	igh Nursing	Home 21211	Daltim		7-01
0				D. STREET ADDRESS (If	rurol, give location)	
				630 Tyohoke	AV.	
SEX	6. RACE		D, DIVORCED (specify)		9. AGE (In years lost birthday)	Months: Doys Hours Min.
Female	Thi			/-	6 89 6 r90	
				11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF
one during most	al working lile, even	if retired)				WHAT COUNTRY?
	none		none	Baltimore		U.S.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAM	ME	
Benj.	F.Nalls			Clara Virgi	nia Wilcox	
5. Was Deceas	ed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknov	windin yes, give w	vor or dates of service)	SECURITY NO.			3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
11.0	n n	0	none	Mrs. N. B. Hugg(d	aughter)13	
18.	13XI		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OF CONDI					
	LEADING TO	DEATH	(A) Hype	ertension arte	riosclero	tic 10 vrs.
		mode of dying, e.g.	, DUE TO	3		
		It means the disease	car	rdiovascular d	isease	
injury or co		h coused deoth.)				
	ANTECEDENT	CAUSES	DUE TO			
DISEASES	OR CONDITIO	NS, if ony, giving				
		use (A) stoling the	(C)			
UNDERLIII	NG CONDITION	1051.				
-	li					
OTHER SIG	DEATH BUT N	NOT RELATED TO THE	IG HE			
DISEASE O	R CONDITION C			100	V	
OTHER SIGNOTHER	OF OPERATION	198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
				No		
U 21 A. ACCIE	ENT WAS UNDE	RLYING 21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
< DEATH Inot	ify medical exami	ner) etc		- I I I I I I I I I I I I I I I I I I I		
21 D. TIME	(Month) (Do	(Yeor) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			hile At 🗀 Not Whi			
(APPROX.)			ork At Work			
22. 1 carei	ly that (1) (this	besital) ottended	the deceased from	August	062 . Nov	ember 24, 1965
	, , , , , , , , , , , , , , , , , , , ,		Marramham 76	65	,	MITANINA PHINGS 17
that (I)	e) last saw the	deceased alive on.	11010111001 11	19 and the	at In(my) (our) opi	nian death accurred on the dat
and hour a	nd from the car	uses stated above.	(1) (We) (did) (did not)	view the body after death.		
23A. SIGNA	TURE	101	A			23B. DATE SIGNED
	to VA	with E.X.	M.D. AH	ending Med.	Stoff	Nov. 26, 1965
23C.PHYSIC	LANS	74 . 250	Phy	23D. ADDRESS	Phys.	, 170)
NAME	(Type)	1 D C -				
	Lloy	d E. Saylo	or M.D.	3902 Greenmo	unt Avenu	e
	REMATION, 24B.	DATE 24C. N	AME of CEMETERY of CR	EMATORY 24D. LO	OCATION (C	ity, town, or county) (Stote)
REMOVAL						
bur		Nov-26-65	Asbury Met	nodist de	isterstown	, Md.
25A. DATE REC			A STATE OF THE STA			
NOV 2	9 1965 12	O. A. S. A.	Checken C	1 Newart ! To	wen Co. 10	8North- 1v-2120
VE 150 BEV 1/	1/65		7			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

			BALTIMORE CI	TY HEALTH DEPARTMENT					
BIRT	H NO. 65	1210	3 CERTIFIC	ATE OF DEATH	Registered No.	-2100			
	CASE NO.	LUL	0 00111110		D HOUR OF DEATH	65 12103			
	ne or Print)	o Tond	mar (Tullia)		1, 1965	13:45 P.M. M.			
3. 1	Sister Louis PLACE OF DEATH IN BALTIMORE, MA	RYLAND	ry (Julia)	4. USUAL RESIDENCE (When	e deceased lived. If i	nstitution: residence before odmission)			
	4000 Forest Hill Ro			A. STATE B. COUN		28-41			
- 1	FULL NAME OF (If not in haspital AOSPITAL OR address or lacatio	ar institutio	n, give street		timore	RURAL ond give township)			
- 1	NSTITUTION			Baltimore					
4	Villa St.	Micha	el	D. STREET ADDRESS (If rurol, give lacotion)					
				4000 Forest Hill Road					
5. 5	EX 6. RACE		ED, NEVER MARRIED VED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	Female White		married	June 14, 1886	79	Notifies Day's Hours			
	USUAL OCCUPATION (Give kind of wor			RY 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?			
dan	e during most of working lite, even if retired) Nurse	Hos	pital	New Orleans, Lo	າມເຮາສາລ	U.S.A.			
13.	FATHERS NAME	1100	Prodr	14. MOTHER'S MAIDEN NAM		0 0.0 0.11			
	Simeon Landry - N	0 7		Elizabeth M. Da	านา์ ธ				
	Was Deceased Ever in U. S. Armed Fo s, no or unknown) (If yes, give wor or dote	ew Url	eans, La.	17. INFORMANT	- Ne	w Orleans, La.			
		es of service							
	No		none		uise, 4000	Forest Hill Road			
	18.44 DISTACT ON CONDITION DI	DE CET Y	CAUSE	OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION DI	RECTLY		comprome confusi	7 3				
	(This does not meen the mode of			coronary occlusi	9П	L day			
	heart failure, asthenia, etc. It means injury or complication which coused	7.2							
	ANTECEDENT CAUSES		(B)	generalized arte	s 13 yrs.				
	DISEASES OR CONDITIONS, if	any, givi							
	rise to the obove couse (A)								
	ONDERETING CONDITION 1851.								
Z	OTHER SIGNIFICANT CONDITIONS	CONTRIBUT	ING						
ATION	TO THE DEATH BUT NOT REL		THE						
	19A. DATE OF OPERATION 19B. CON		R WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED			
ERTIFIC	0			110					
AL C	OR CONTRIBUTING CAUSE OF		nome, lorm, foctory, street,	office bldg., INJURY OCCUR?	(If in Baltima	e City, give exact lacation)			
U	DEATH (natify medical examiner)		etc.)						
MEDI	OF INJURY (Manth) (Day) (Year)	1	TE INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
<	(APPROX.)		While At At Wa	rk 🗌					
	22. I certify that (1) (this hospita	l) ottende	d the deceased from	April 1	1952 to	Nov. 23, 19 65.			
	that (1) (we) lost saw the decease	ed alive o	Nov. 23	19.65 and the	ot in(my) (our) op	inion death occurred on the date			
	ond hour ond from the couses stated above. (1) (NS) (MM) (did not) view the body ofter deoth.								
- 1	23A. SIGNATURE	23B. DATE SIGNED							
	Damian P. Ala	gia	M.D. A	Attending Med. hys. Director	Staff Phys.	Nov. 24, 1965			
	23C. PHYSICIAN'S	71	. 1	23D. ADDRESS	11	1			
	NAME Trype)	1/12	Cack Mil	D. 337/ 1/16	derute	W			
24/	A. BURIAL CREMATION, 248. DATE	24C	NAME OF CEMETERY OF	CREMATORY 24D. LO	OCATION (C	City, tawn, ar caunty) (State)			
	REMOVAL (Specify)	. 1/							
254	Burial Nov. 2	111	e of REGISTRAR	h's Cemetery En	mmitsburg,	Maryland			
231	NOVO 1005 A C	0 3		1 6 7 1	4	8 W. North Av., City			
	MAA SA 1202 OF OF	12, A	2.4.48	Drawart & Wol	Hell CO. 10	J MULUIT AV . JULU			

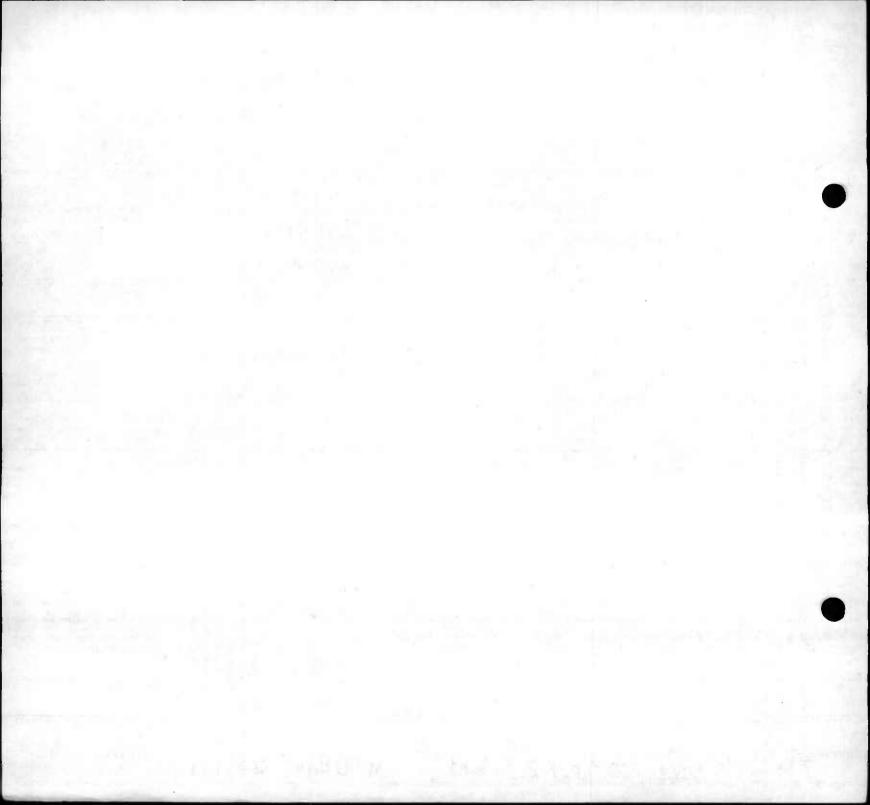


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

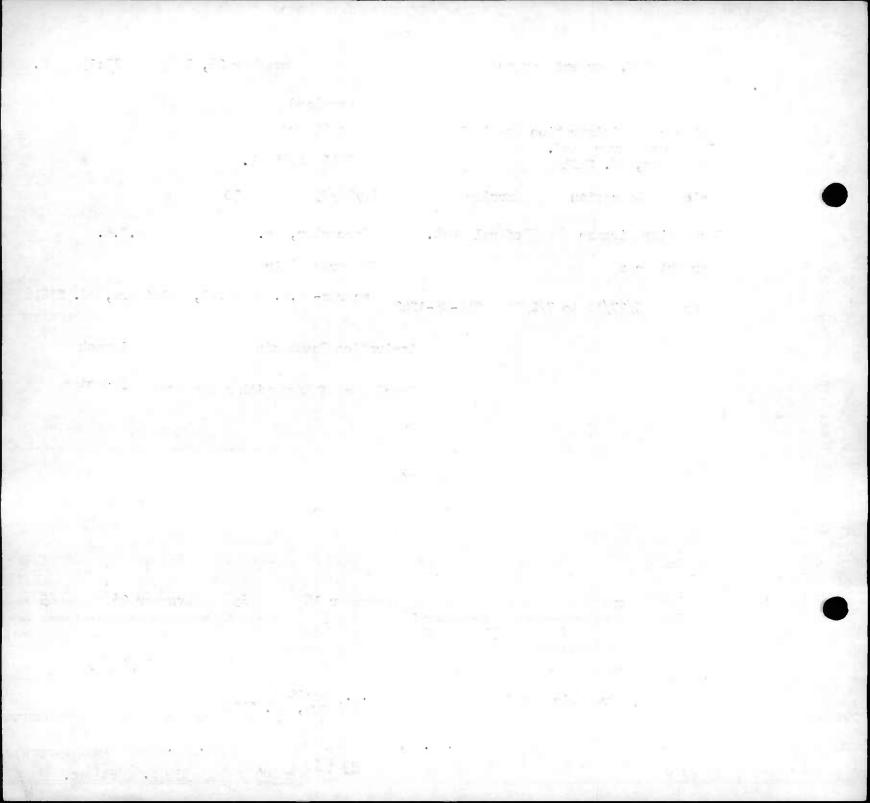
	BALTIMORE CITY	HEALTH DEPARTMENT						
BIRTH NO. M.E. CASE NO. 65 1210	4 CERTIFICA	TE OF DEATH	Registered Na	65 12104				
Type or Print) Willie Bla	rek	No	D HOUR OF DEATH	10:05 1				
PLACE OF DEATH IN BALTIMORE, MARYLAN	0	A. STATE B. COUN	e deceased lived. Il in: TY	stitution: residence belore odmis				
FULL NAME OF (II not in haspital ar insti HOSPITAL OR oddress ar lacation) INSTITUTION	lution, give street	c. city of town (If out	side city limits, write R	URAL and give tawnship)				
BALTIMORE, ND -2	TAL	Baltimore						
BALTIMORE, MD -2	1201	D. STREET ADDRESS (If rurol, give locotion) 1137 Pennsylvania Ave.						
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) Ene Black (wite)		ost birthdoy)	Months Days Hours Mi				
OA, USUAL OCCUPATION (Five kind al work 108, KI one during mast of warking life, even if retired)		11. BIRTHPLACE (State or farei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
Construction worker 3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	asri				
Ben Black		Anne ?	??					
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknawn) (II yes, give war or dates af se	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
18. 0 5 2 4-1	CAUSE O	F DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY		1 100		ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying,	(A)	tcute rulmo	nary talemo	<u> </u>				
heart failure, asthenio, etc. It means the di	sease,	Acute Pulma Tepticemia es	(
injury or complication which caused death. ANTECEDENT CAUSES	(8)	esticemia es	hologe runk					
DISEASES OR CONDITIONS, if any,		/	01					
uise to the above cause (A) stating	9 9	luik uu u u u 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	#0+++ + + + + + + + + + + + + + + + + +					
ONDERESTING CONDITION (US).								
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING TO THE							
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, lorm, factory, street, o etc.)	n ar abaut 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare	City, give exact lacolian)				
21D. TIME (Month) (Day) (Year) (Hau	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?					
OF INJURY (APPROX.) While At Not While At Wark At Wark								
22. I certify that (I) (this hospital) atter	22. I certify that (1) (this hospital) attended the deceased from Nov. 17 12:4075 19 45 to Nov. 17 10:05 19 65							
	that (1) (we) last saw the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an the deceased alive an Nov. 17 19 65 and that In (my) (per) apinion death accurred an acc							
and have and from the causes stated abo	ove. (I) (We) (did) (did not)							
23A SIGNATURE	0	To a fine body office decinit		23B. DATE SIGNED				
Martin Charge M.D. Attending Med. Director Phys. 11/17/65								
23C. PHYSICIAN'S NAME (Type)	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
24A BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERS OF CR	MATORY 24D. CO	CATION C. I.Git	y Jawn, or county) (Sto				
NOV 2 4 19	HNIV	ERSITY MEDI	LAL SLIP	DOUD				
ZOA. DATE REC D BY HEALTH DEPT. 258. N	ALLE OF REGISTRAK	MAD THEATRE CTE	FRVICL -	BCH ADDRESS				
NOV 29 1965 R. C. B. E.	JOYNSHIME .	WORDSHIT S		74 400				
V\$ 150-REV. 1/1/65								

M. s. -



90	01
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical e the body was released to the hospital by a medical es shows: (1) An accident of any nature; (2) Body burns; (3)	was D.O.A. at a hospital (except where the physician deceased prior to death); and (6) No physician was in written approval must be obtained before the remains of

					BALTIMORE CITY	HEALTH DEPARTMENT				
	TH NO.	65	12:	105	CERTIFICA	TE OF DEATH	Registered No	5 121	05	
	E CASE NO.	EASED					AND HOUR OF DEATH		-00	
	ne or Print)	CHS, Her	hert. F	harmond			ember 26, 196		1:35	P. M.
3.	PLACE OF DE	ATH IN BALTIA	AORE, MAR	YLAND		4. USUAL RESIDENCE (V	Vhere deceased lived, If			dmission)
							DUNTY	3-	03	
	FULL NAME (HOSPITAL OR		n hospitot a ar tacotian	r institution,	give street	Maryland	autaida aitu limita uulta	PILIPAL and a		
	Not erene	Adminis	tratio	n Hoen	itel.	Baltimore	outside city minis, while	KOKAL dila g	live iowiisnip)	
		h Raven		ni nosp	LUGIL	D. STREET ADDRESS (If rural, give location)				
-		e, Md. 2				1842 Light St.				
5. 9		6. RACE	1210		NEVER MARRIED	B. DATE OF BIRTH	If Under 1	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.		
M	ale	Caucasi	22	Marr	D, DIVORCED (specify)	10/18/95	10st birthdoy)	Manths D	ays Haurs	Min,
					BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or		12. CITIZEN	N OF	
		working lile, ever							COUNTRY?	
Lc	comotiv	e Firema	n	Feder	al Govt.	Lancaster, P	a.	U.S.	Α.	
	lerbert					Catherine Bai	r			
15. (Ye:	Wos Deceased s, no or unknown	(If yes, give	Armed Force	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Verside 7 D		DDRESS	222
	Yes	5/27/18			218-05-1242	Records- V.A.	nospital, B	altimore	, Ma. 2	1210
	18. / 6 -	2 X 1	(/	-,,	CAUSE O	F DEATH			TERVAL BETW	
	DISEA	SE OR COND		ECTLY					NSET AND DE	ATH
	(*1.5	LEADING TO				ration Pneumonia			week	
	heart lailure,	nat mean the asthenia, etc.	II means	the disease,	DUE TO					
	injury at car	nplication which	h caused	death.)	Carc	inoma Of Lung	with metasta	ses 5	months	
		ANTECEDENT	CAUSES		DUE TO	71101100 of 3000	112			*** ** * * * * * * * * * * * * * * * * *
		OR CONDITIO								
		e above ca G CONDITION		slaling the	TING					01000000000000
		- 11								
NO	OTHER SIGN	FICANT CONT	DITIONS CO	ONTRIBUTIN						
ATIO		CONDITION C			^E Cachexia					
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION I				WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN			IDINGS CONSIDERED	
ERT	0					No			ity, give exact lacotion)	
O	OR CONTRIBI	NT WAS UNDI	SE OF	hom	e, larm, factory, street, at					
CAL		medical exami			etcJ					
EDI	21D. TIME OF INJURY	(Month) (Do	y) (Yeor)	(Hour) 21 E.	21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
8	(APPROX.)			Wh	While At Work At Wark					
	22 Logetify	that HA (this	hospital)			otember 18	1065 . Nose	amban 26	10	22
						19.65 ond				
		A				-		inion deoth	occurred an	the date
			uses stote	ed obave. A	A (We) (did) AdAd\uhoh) v	iew the body after deat	h.			
	23A, STGNATURE M.D. Atte					ending Med.	Stoff 8F	11/27		
	10	udli	~ B.	UN	Phy	Director _	Staff Phys.	11/21	1/02	
	PAME (vnel	land 1	A =1=2	10-1-11	V.A. Hospital				
		Fred	erick	Askin	M.D.	Baltimore, Md	. 21218			
24Å	BURIAL CRE	MATION, 24B.	DATE	24C. N	AME of CEMETERY of CRE			City, town, ar c	caunty)	(Stote)
	Burial	רך	30 19	65	Raito II C M	ptione?	77 - 71			
_	at the	BY HEALTH C	- Marie Contract	258. NAME	Ral to U.S. N	25C. FUNERAL DIRECT	Balto. Md	•	ADDRESS	
	NOV 2	9 1965 (Rober A	- 8, 40	Wey Mill		63	0 E. Fo	rt. Asso	
VS	150-REV. 1/1/		13.77					<u> Б. г.О.</u>	TO -VE	



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Market Company	6	7-	(
	-	~	0	

65 12106 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No.5 12106								
M.E. CASE NO.									
1. NAME OF DECEASED (Type or Print) PAUL CHURCH	November 19, 1965 9:00 A								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY B. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore								
1571 E. Baltimore Street	D. STREET ADDRESS (If rurol, give location) 1571 E. Baltimore Street								
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.								
male white Widowed, Divorced(specify)	Sept. 25-1935 lost birthdoy 30 Months Doys Hours Min.								
done dering most at working life, even if retired)	Branciara Nort Carolle U.S.M.								
Edward Chuych	Annie Johnsch								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS								
0.00	OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
	ed action of alcohol and barbiturates								
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)									
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO	DISEASES OR CONDITIONS, IF ANY, GIVING BUE TO								
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES								
218. PLACE OF INJURY (e.g., hame, form, foctory, sheet, of the last of the las	in ar about 21C. WHERE DID (II in Baltimore City, give exact location) ffice bldg, INJURY OCCUR? 1571 E. Baltimore Street 3-0/								
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT	21F. HOW DID INJURY OCCUR? WHILE TA Ingestion of alcohol and sleeping pill								
22.	apsy and that on this basis, death in my opinian								
resulted fram: Natural causes Accident X Suicide	Hamicide Undetermined monner CHIEF MEDICAL EXAMINER								
ACTUAL SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER 11-19-65								
EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. 23A. BURIAL CREMATION, 123B. DATE 123C. NAME of CEMETERY	ASSOCIATE MEDICAL EXAMINER								
DELLOVAL IS THE	ows Cem.								
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS								
NOV 29 1965 P.O. A 2 3762 50 0	Dippel Brothers Inc. 1800 E. Lombard St.								
VS 151-REV. 1/1/65 1 4 9 7									

gradenso fuel de galacett desemb 20. New Deal at 1981 and tapaters falled

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	/	11)	BALTIMORE CITY	HEALTH DEPARTMENT					
	H NO.	4 65 12	CERTIFICA	TE OF DEATH	Registered No.	5 12107			
1. N	AME OF DEC	DOWELL	TOHN P.		HOUR OF DEATH	- 18×-			
3. 1	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		Beceased lived. If in	stitution; residence before admission)			
	ULL NAME O	OF (If not in hospital oddress or locatio	or institution, give street	Md.		903			
l	NSTITUTION T	Franklin Squ	uare Hospl		side city limits, write	RURAL and give township)			
1/	0	4		D. STREET ADDRESS (If r	urol, give location)				
6				11 S. Str	icker St				
5. S	EX 1A) F	6. RACE	7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify) Married		ost birthdoy) 54	If Under 1 Yr, If Under 24 Hrs. Months Doys Hours Min.			
			108. KIND OF BUSINESS OR INDUSTRY		gn country)	12, CITIZEN OF WHAT COUNTRY?			
-		working life, even if retired) Metal		Balto. Md.		USA			
13.	FATHER'S NA	ME	1	14. MOTHER'S MAIDEN NAM	A E	UGA			
	Ge	eorge Powel:		Mary Perry					
15.	Was Deceoses	d Ever in U. S. Armed Fo	rces? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	yes	WW LL		rs. Norma Pow	17 17 S.	Stricker Pt			
-	18. 11. 9)	0.11.	CAUSE O	OF DEATH	OII, II D	INTERVAL BETWEEN ONSET AND DEATH			
	DISEA	SE OR CONDITION DE	RECTLY	2 7 m	/ /	ONSET AND DEATH			
	(This does	LEADING TO DEATH	dving, e.g., DUE TO F	ceete Myo.	ear a cof	9000000			
	heart foilure,	, osthenio, etc. Il meons	the disease,	foreteen	2				
	injury or complication which caused death,) ANTECEDENT CAUSES (B) (B)								
	DISEASES OR CONDITIONS, if ony, giving								
	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION tost.								
	II								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
AL C	21A, ACCIDENT WAS UNDERLYING								
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
8	(APPROX.)		While AI Not Whi						
	22. 1 certify that (1) (this hospital) attended the deceased from 1963 to NOV 25 1965.								
	that (I) (we) last saw the deceased alive an Nov. 25 1965 and that in (my) (our) opinion death occurred on the date								
	ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.								
	23A. SIGNATURE 23B. DATE SIGNED								
	Y	teenley !	In xected M.D. Att	med. Director	Sloff Phys.	11.27.65			
	23C. PHYSICIAN'S NAME (Type) STANLEY ANKLIDAS M.D. 1802 W. Bolt Bolt 2122 3								
24/	BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF CR		OCATION (C	ity, town, or county) (Stote)			
	burial	(Specify) 11/29/	65 Balto. Nation						
25/	A. DATE REC'E	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	lto. Md.	ADDRESS			
	NOV	9 1965 10	20 7 15 10 0	Witzke, F.	4101 T di	mondson Ave			
VS	150-REV. 1/1	65	O C , COMODI, THE	itzke	4101 2				

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Such

		NE 40248	112	BALTIMORE CITY	HEALTH DEPARTM			C5 40	100	
BIRTH	1 NO.	65 1210	10	CERTIFICA	TE OF DEA	TH F	Registered No.	65 12	LUO	
M.E.	CASE NO.		1	CERTITICA						
	ME OF DE	MARR	7	SREVE	2. 0	PATE AND H	7/65	1 9	.40 P. M.	
3. PI	ACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	CE (Where de	cosed lived. It in:			
FI	JLL NAME	OF (If not in hospital	or institut	ion, give street	Mary		. /	90	3	
H	OSPITAL OR	oddress or locotion	n)		C. CITY OR TOWN	(It outside	city limits, write R	URAL ond give	township)	
7	1	FRANKlin	59	UHPE HOSP.	130	/time				
56	0	, , , , , , , , , , , , , , , , , , , ,			D. STREET ADDRESS	(If rurol,	give location)			
5. \$1	X //	6. RACE	WIDO	RIED, NEVER MARRIED	B. DATE OF BIRTH		GE (In years birthdoy)	If Under 1 Yr. Months: Doys	Hours Min.	
1	/ 7 /	w	DI	vovicea	6/28/03	5	60	1		
		UPATION (Give kind of world working life, even if retired)	108. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot		ountry)	12. CITIZEN C	DUNTRY?	
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13. F	ATHER'S NA	ME			14. MOTHER'S MAIL	DEN NAME				
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15. V	Vos Deceose	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT			ADD	RESS	
(163,	A -	nitt yes, give wor or dole	2 01 2614	216-09-1341	551	4.				
-	18. 34 =	6 /1		CAUSE OF	F DEATH	/	-	INTER	VAL BETWEEN	
	DISEA	SE OR CONDITION DI	RECTLY		11	1:-1	Tieland	ONSE	T AND DEATH	
		LEADING TO DEATH		(A)	NIYOEAN	cia,	- in purer	n	6 nous	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ONSET AI (A) DUE TO COVONARY HUROMOSS'S									
	injury or complication which coused death.)									
		ANTECEDENT CAUSES		(B)		/			\$4 01 000 000 000 000 000 000 000 00 00 00 00 00	
	DISEASES OR CONDITIONS, if ony, giving									
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NO		IFICANT CONDITIONS								
ATION	DISEASE OF	CONDITION CAUSING		1						
CERTIFIC	19A. DATE O	F OPERATION 198. CON		OR WHICH OPERATION	20 A. AUTOPSY? (Y	es or No) 20	B. IF YES, WERE	INDINGS CON USES OF DEAT	SIDERED 1?	
ER	21A ACCID	ENT WAS UNDERLYING		218. PLACE OF INJURY (e.g., in	a chant 21 C WHER	F DID	(If in Boltimore	City, give exo	st lesetion)	
الحا	OR CONTRIE	UTING CAUSE OF		home, form, foctory, street, of	fice bldg., INJURY OC	CUR?	WI III BOININGIE	Ony, give exo	C) 10C0#011/	
U		y medicol exominer)								
2	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hous)	21E. INJURY OCCURRED While At Not While		DID INJURY	OCCUR?			
	(APPROX.)			Work At Work						
	22. I certif	y that (H-Tihis hospita	l) ottend	ed the deceased from	11/17/65	19	to	11/17/6	19	
	that (1) (we) last sow the decease	ed alive	on 1/17/65	19	ond that I	n (my) (aur) opi	nion deoth oc	curred on the dote	
	and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.									
	23A. SIGNAT						,	238 DATE SIG	NED	
	Silvino B Munist M.D. Attending Med. Stoff Phys. W 1/24/65								4/65	
	23 C. PHYSICI	AN'S			23D. ADDRESS					
	NAME	W. Mel								
24A	BURIAL CR		24	C. NAME OF CEMETERY OF CRE	MATORY	24D. LOCA	TION (Ci	ty, town, or cou	nty) (Stote)	
Ta	REMOVAL	(Specify)	115	Loudon Parl	< Com	Ra	1+		11-1	
25A	DATERS	PAY HEALTH DEPT.	25B NA	ME OF TEGISTRAR	25C. FUNERAL D	IRECTOR	Limer	A	DDRESS	
	NOV 2	9 1965 Rober	DE,	JOI-HOUMS	Whatto	25 6	exal 1	Home		
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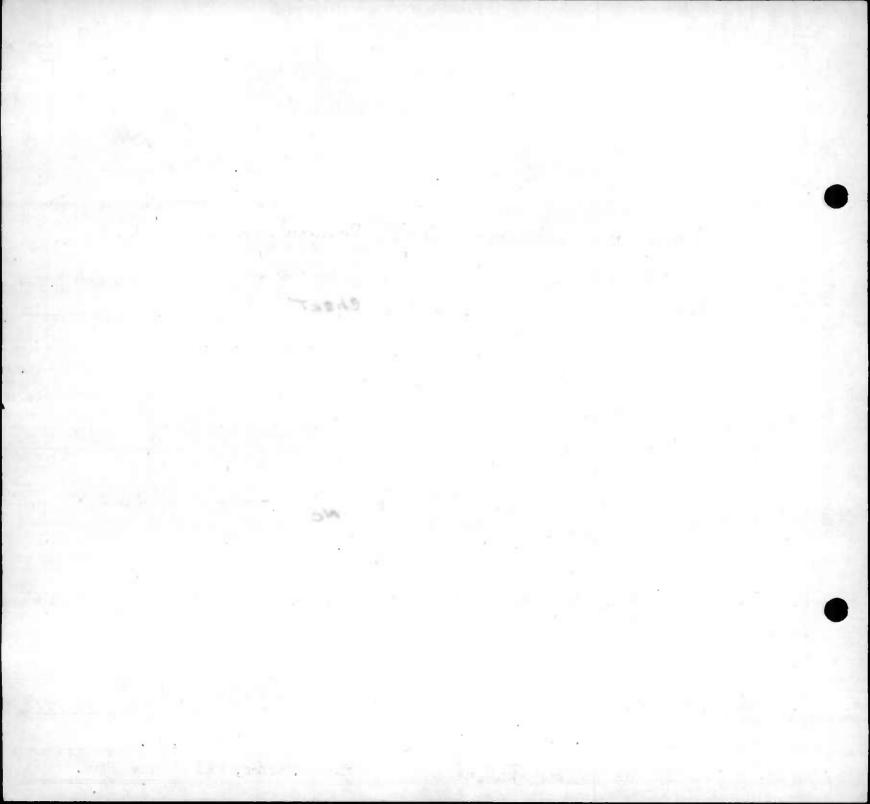
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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	al (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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	his certificate must be	the body was released	2	was D.O.A. at a hospite	0	0
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shows: (1) Ai deceased p

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 65 12109 BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) : 40 P. M. B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give tawnship) INSTITUTION give lacation) ROAD 5. SEX MARRIED NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und Manths: Days Hours DATE OF BIRTH If Under 24 Hrs. Hours : Min. lost birthday) WIDOWED, DIVORCED (specify) 10%, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or Joreign country) 12. CITIZEN OF WHAT COUNTRY? done during most at working life, even if retired) U.S ennsylvania Painter 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, na ar unknown) (If yes, give wor or dates of service) 6. SOCIAL ADDRESS SECURITY NO. CharT 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. 11 means the disease, Lungs, Plenra, Hericardium injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) DEATH (natity medical examiner) etc. MEDI 21 D. TIME (Month) (Day) (Year) (Hout) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX) Wark At Work 22. I certify that (1) (this hospital) oftended the deceased from OCTOBER 12, 19 65 to NOVEMBER 20, 19 65 that (1) (we) lost sow the deceased alive on NOVEMBER 20, 19 65 and that In(my) (our) opinion death occurred on the date and hour and from the couses stated above. (1)(We) (did)(did not) view the body ofter death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. M.D. Staff Phys. Z Phys. Director approval CO. PHYSICIAN'S 23D. ADDRESS NAME (Type) NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Eurial Brown's Church Cametery Brown's Mills. Pa. 258. NAME OF REGISTRAR ADDRESS 25C FUNERAL DIRECTOR George J. Gonce, 4001 Ritchie Hgwy.

Baltimore 25.



1965

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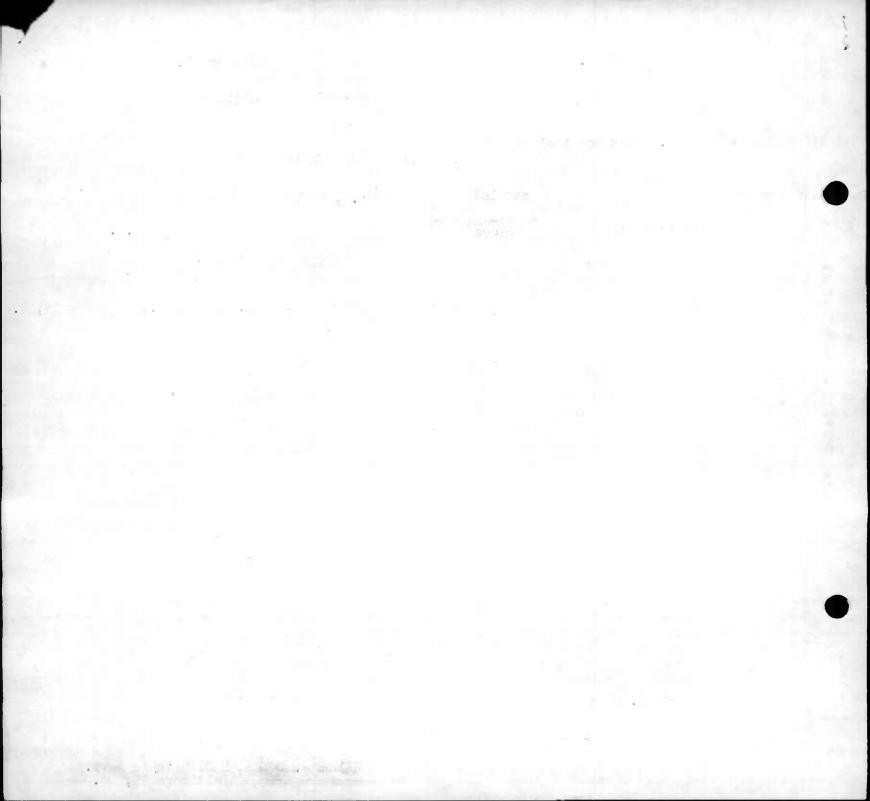
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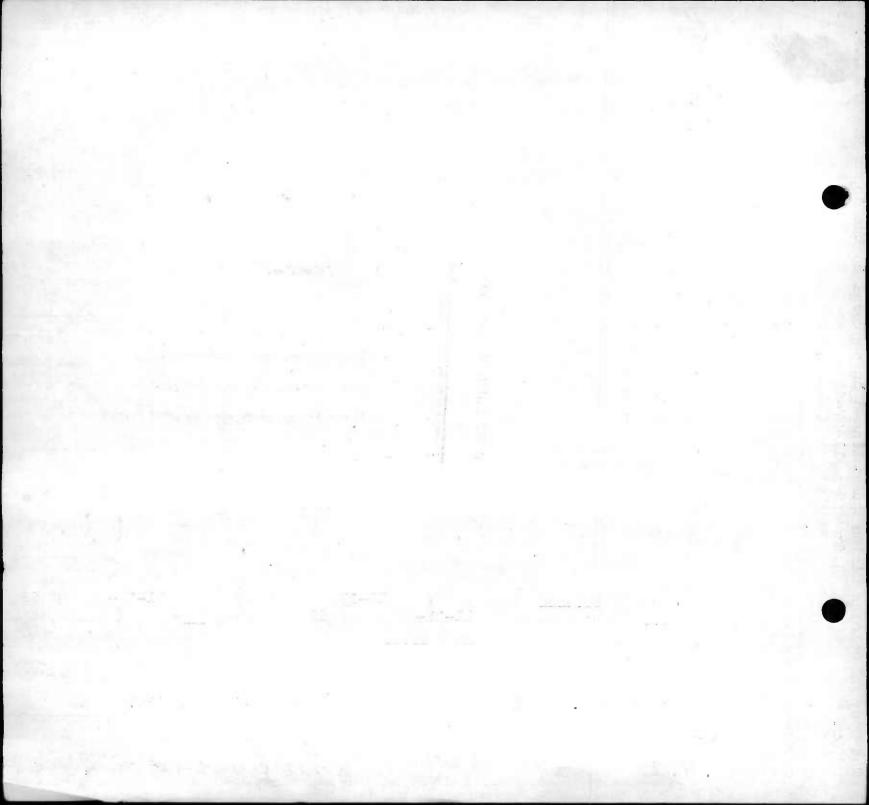
	65 121	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO.	00 101	CERTIFICA	TE OF DEATH Registered No.	65 12110
Type or Print)			2. DATE AND HOUR OF DEATH	
2 BLACE OF DE	Leroy R. Shar		November 21,	
			4. USUAL RESIDENCE (Where deceosed lived, II A. STATE B. COUNTY Maryland Baltimore	institution: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	oddress or location)	institution, give street		RURAL and give township)
O St.	Agnes Hospita]		D. STREET ADDRESS (If rurol, give locotion) 3200 Viona Avenue	
5. SEX	6. RACE 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) married	B. DATE OF BIRTH 9. AGE (In years lost birthday) Nov. 5. 1907 58	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	working life, even if retired)	ob. Kind of Business or Industry amusement park rides		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA		11000	14. MOTHER'S MAIDEN NAME	
Edi	ward Shaw		Elizabeth Palmer	
Yes, no or unknown	Ever in U. S. Armed Force	of service) SECURITY NO.	17. INFORMANT	ADDRESS
No		220-16-2570	Don Shaw, 12 S. Meadow	Dr., Glen Burnie, M
OTHER SIGNITO THE DISEASE OR	OR CONDITIONS, if at a condition to the course (A) is a condition to the conditions are conditions conditions condition causing it.	NTRIBUTING ED TO THE		
19A. DATE OF	OPERATION 198. COND	THON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., ir home, form, loctory, street, of etc.)	n or obout 21C. WHERE DID (If in Boltimo	ore City, give exact locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)	(Hour) 21 E INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJURY OCCUR?	the first state
	last saw the deceased		January 1964 to And 1965 and that in (Ally (aux) aprile the bady after death.	pinian death accurred on the de
and haur and 23A. SIGNATU 23C. PH/SICIA NAME (T	no Jas	Attended M.D. Attended Physics	anding Med. Stoff	238. DATE SIGNED 2/Normber66

J. GONCE,

4001 Ritchie Baltimore 25,



Johns



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death.

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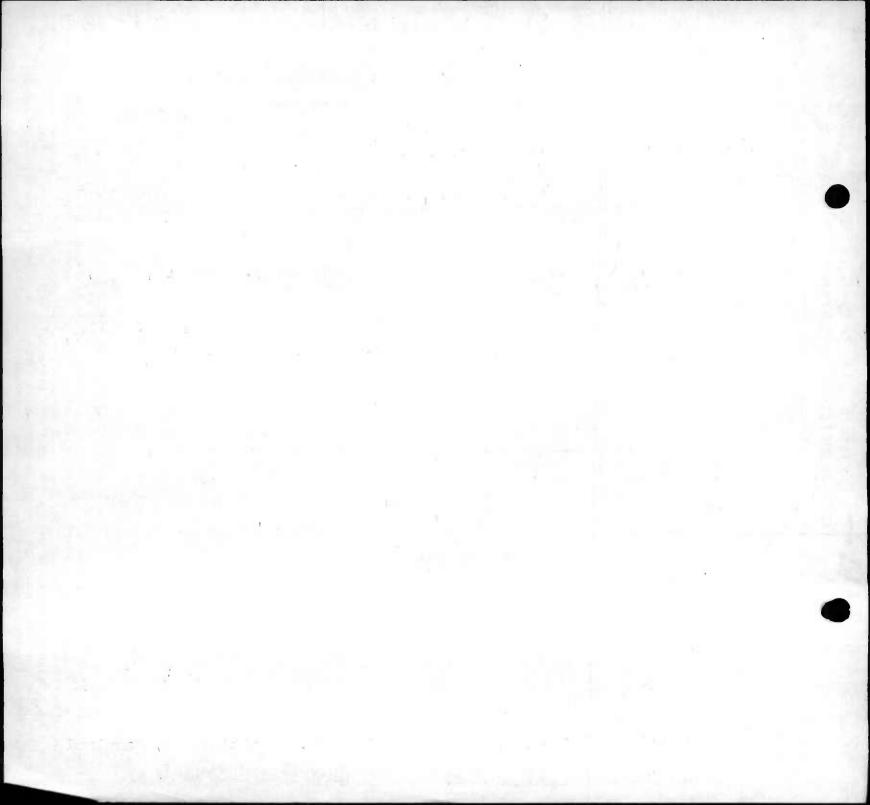
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P	× 00116		BALTIMORE CIT	Y HEALTH DEPARTMENT		E11004 40.2
	05-284656	5 12114	CERTIFICA	TE OF DEATH	Registered No.	5/82012/3.
M.E. CASE	NO. F DECEASED				AND HOUR OF DEATH	4
(Type or Prin		1 F B	aby Girl.		1/24/15	7.00 P
3. PLACE C	F DEATH IN BALTIA	ORE MARYLAND	70.	4. USUAL RESIDENCE (WI	nere deceased lived. If	institution; residence before admission)
				A. STATE B. COL	INTY	12 17
FULL NA	ME OF (If not i	n hospital or instituti or location)	on, give street	MARYLAND		RURAL and give township)
INSTITUT	ION			BALTIMOR		KOKAL and give township)
3 T	HE JOHNS	Honus			If rural, give location)	
	HE OUNNS	HUPKINS	HOSPITAL	435 W. 24	TH STREET	
5. SEX	6. RACE		IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
FEMA	LE WHIT		WED, DIVORCED (specify)	11-18-65	lost birthdoy)	Months Doys Hours Min.
OA USUAL	OCCUPATION (Give	kind of work 10B. KIND	VER MARRIED	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	nost of working life, eve		or bosiness on integri	11. 5141111 57 62 (31010 01 10	icigii coomiy	WHAT COUNTRY?
3. FATHER	S NAME			14. MOTHER'S MAIDEN N	AME	
M	NGLE CLAP	ENCE	•	FRANCES	R. CARVEL	
5. Was De	eosed Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	THE OWNER	ADDRESS
res, no or ur	(If yes, give	wor or dates of service	SECURITY NO.			
18.			CALISE	OF DEATH		INTERVAL BETWEEN
	6/10		CAUSE	? of congen	tal heart a	See onset and DEATH
,	DISEASE OR COND		G	- 1.	at faitur	
(This o	loes nat meen the		A) DUE TO	NG COTTO		2 7600.3
	ailure, asthenia, etc. ar camplication whi		ose,			
illioty	ANTECEDENT		(B)			
			DUE TO			4 de de deservación (
	SES OR CONDITION					
	RLYING CONDITION				9 49 40 40 40 40 40 40 40 40 40 40 40 40 40	
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OTHER	SIGNIFICANT CON	DITIONS CONTRIBU	TING D	A		. 1
DISEA	HE DEATH BUT	CAUSING IT.		& omphalocel		
4	TE OF OPERATION	WAS DEDECTALED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
BAR 10	18/15	Rupture	e omphalocek	4~		
OR CO	CCIDENT WAS UND	ERLYING T	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Battimo	ore City, give exact location)
	(notify medical exam		etc.)			
21 D. TI	ME (Month) (Do	y) (Year) (Hour)	21 E. INJURY OCCURRED	2) F. HOW DID IN	NJURY OCCUR?	
OF INJ	OKI		While At Not Wh			
			Work At Work		-	
22. I c	ertify that (I) (this	hospital) attende	ed the deceased fram	11/18		1144 1962
that (1	(we) last saw the	deceased alive	on	19 6 T and	that in (my) (aur) of	pinion death accurred an the dot
and ha	ur and from the co	uses stoted abave	e. (1) (We) (did) (did nat)	view the body after death	•	
23A. SIC	SNATURE	./ .				23B. DATE SIGNED
	Derbert	Kan	M.D. At	tending Med.	Stoff Phys.	11/24/6,
	YSICIANS			23D. ADDRESS	7	
	ME (Type)	, , , , .		23D. ADDRESS	1	

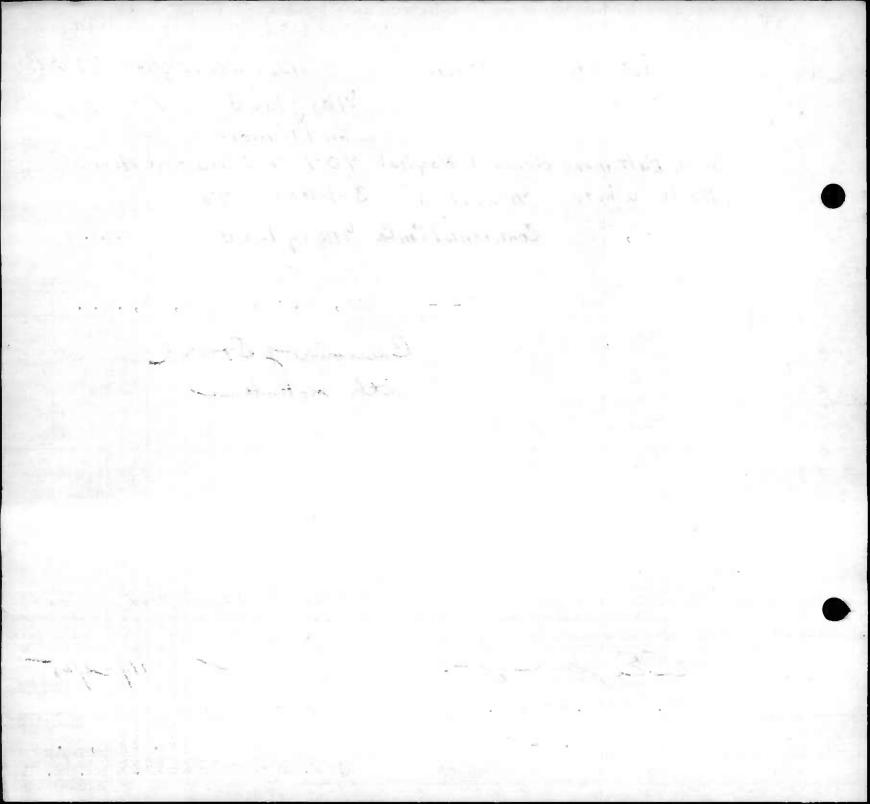
2 MOAKIES Herber 24A. BURIAL CREMATION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) (Stote) Cremation -65 THE Johns 11-26-65 Hopkins Hos. Baltimore Maryland REC'D BY HEALTH DEPT. 2 NOV 29 VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

P + 9 + 4	BIRTH NO. M.E. CASE NO. 65 12113 CERTIFICATE OF DEAT	H Registered No. 65 12113
Su Su	1. NAME OF DECEASED 2. DAY (Type of Print) Retchum John	OVER BEY 24 AG 9: 15P.M.
	A. STATE B. C	Where deceosed lived, If-institution: residence before admission) OUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN	If outside city limits, write RURAL and give lownship)
rting cause; r attend prior to	D. STREET ADDRESS	(If turol, give locotion)
occurred ontributi ermined regular regular is made.	South Baltinove Geneval Hospital 907 S S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (specify)	9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
	17) a / e White mark 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote of	(oreign country) 112, CITIZEN OF
death Undet as in e dec	Retired, Continental Can Co, May y 13. FATHERS NAME Continental Can Co, May y 14. MOTHERS MARKEN	land U.S.A.
(4)	David Ketchum Marth	3 Smith
B 0 B 6 0 -	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT 17. INFORMANT 18. SECURITY NO. 17. INFORMANT 18. SECURITY NO.	gnes Ketchum, # 4,a.bc.d.
s ass any ced ndan or fi	18. / 5 / X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
- S 0 3 + 0	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	1 Stomach
fracture pronogular a embalm	hearl failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B)	teces
xan xan xan wh wh	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	
PI 77 F	UNDERLYING CONDITION last.	
f medical medical y burns; physicia ian was e remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Bod the	WAS PERFORMED VES	No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
== ====================================	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 218. PLACE OF INJURY (e.g., in or about \$1.0. WHERE Displayed to the control of the	(If in Boltimore City, give exact location)
hospite nature; ept whe d (6) No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID While At Not While	NJURY OCCUR?
the the any exc	22. I certify that (I) (this hospital) attended the deceased fram ///Z0	1965 10 11/24 1965,
5 + 2 = (+3	that (I) (we) last saw the deceased alive an	
uside de de de	23A. SIGNATURE M.D. Attending Med. Director Director	Stoff Phys. 238. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
certificate body was in section (1) An a D.O.A. at ased prior	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24	D. LOCATION (City, town, or county) (Stote)
This certify the body shows: (1) was D.O., deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1 25C. FUNERAL DIRE	Washington Blvd. Dorsey. Md.
₹ 5 8 0 3 × 4 ×	NOV 29 1965 P. C. F. E. Faller 1 John J. Di	da 2829 Hudson St. Balto. Md. 2122.

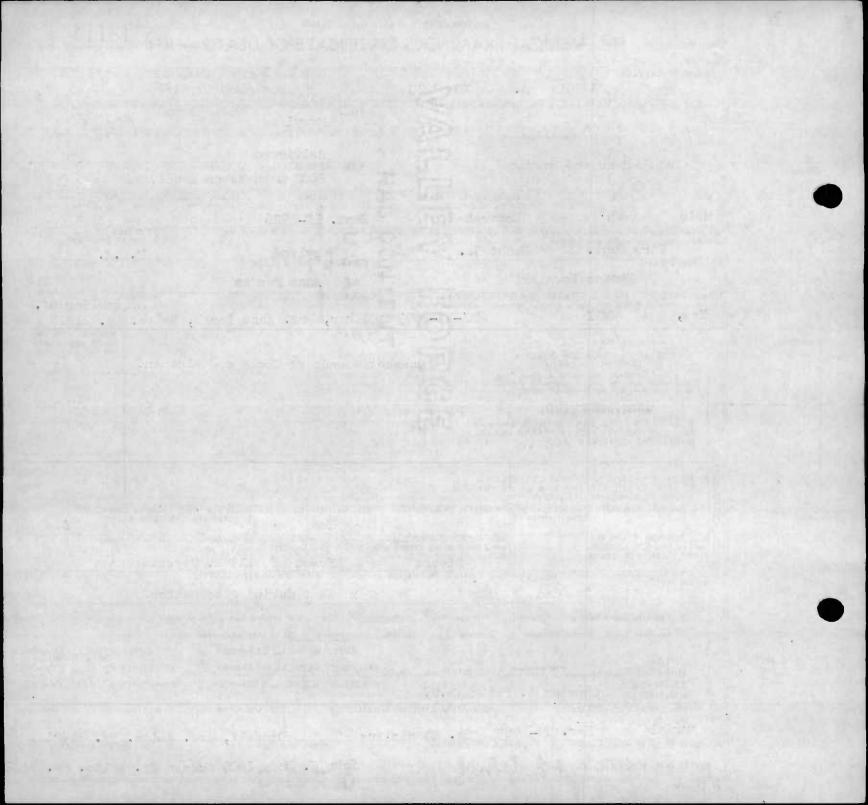
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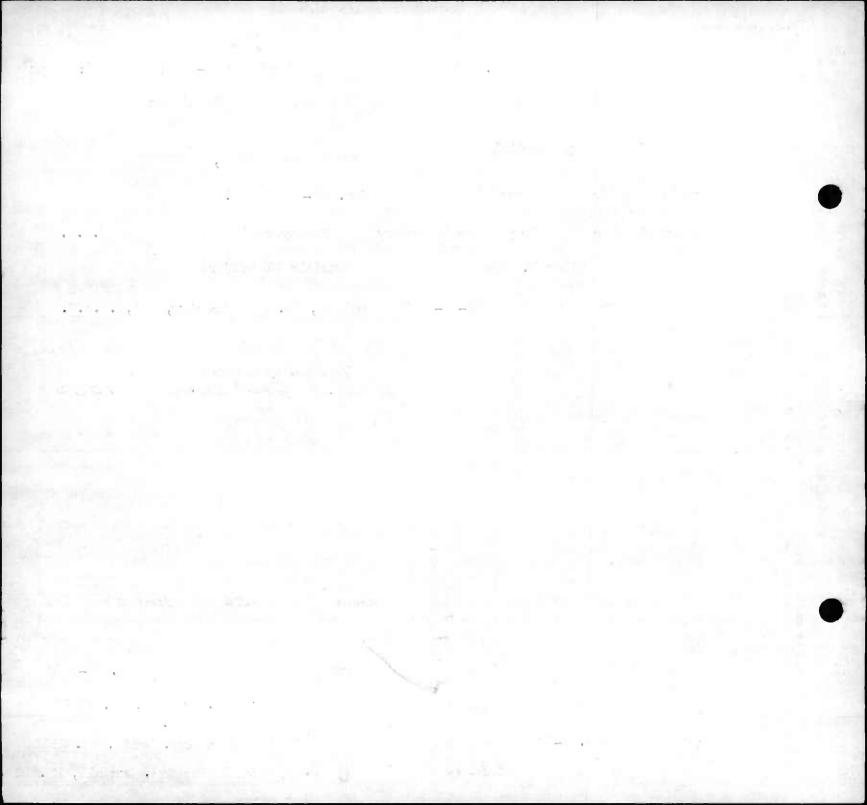
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MEDICAL	EXAMINER'S CERTIFICATE OF DEATH Regist	DU	JA.	1.1.
MEDICAL	EXAMINER 3 CERTIFICATE OF DEATH REGIST	ered No		

RTH NO.	65 MED	CAL EX	BALTIMORE CITY HEAL (AMINER'S CI	ERTIFI	CATE OF I	DEATH Registe	65 _{No.} 1211	1
LE CASE NO.								
NAME OF DECI			7701147 0117			D HOUR PRONOUNCE		F 4
	FRANCIS	A.	KOWALSKI			mber 25, 19		
PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	RESIDENCE (Where	deceased lived. If ins	titution: residence befo	odmission
LL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET		Maryland		Ball	1
SPITAL OR	ADDRESS OR LOCA	TION)		C. CITY	OR TOWN (It outside	e corporate limits, writ	e RURAL and give to	vn ship)
					Baltimore		950	101
Church	Home and Ho	spital		D. STREE	8402 Lock	Raven Boul	levard	
SEX	. RACE		NEVER MARRIED	B. DATE C	F BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If U	
Male	White		DIVORCED(specify)	Sent	. 17-1926		Months Doys Ho	Ors Tarine
			BUSINESS OR INDUSTRY			n country)	12. CITIZEN OF	
during most of we	e Dept.	Hecht	Co		Maran Taran 3		WHAT COUNT	RY?
ATHER'S NAMI		Hechi	00.	14. MOTH	Maryland er's Malden NAM	E	U.S.A.	
	Thomas Kowa	lski			Anna Paz	dan		
	EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFOR	THAN	9	18 Montpeli	er St.
Yes,	WWII	2011100/	214-22-0093	Mothe	r. Mrs. An		alto. Md. 2	
1B				OF DEA		La Book,		L BETWEEN
OTHER SIGN TO THE DISEASE OR	IR CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST. II IFICANT CONDITIONS DEATH BUT NOT REICONDITION CAUSING	CONTRIBUTE	НЕ					
19A. DATE OF	OPERATION 198, CON WAS PER		WHICH OPERATION	20 A. A	Yes Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERE	Yes
21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g.,	in or about	21C. WHERE DID	(If in Boltimore City, o	give exact location)	100
UNDERLYING TO		home etc.)	, lorm, foctory, street, c	olfice bldg.,	INJURY OCCUR?			
			Street			1711 E. Faye	ette Street	
OF INJURY	(Month) (Doy) (Year		TE. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
(APPROX.)	11 24 '6	55 P m.	WHILE AT NOT	WHILE X	Shot durin	g altercati	lon.	
22.	fy that I held on I	aguley [Inspection Aut	topsy X	and that on thi	is bosis, death In	my aninian	
A A A A A A A A A A A A A A A A A A A			1					
result	ed from: Natural co	uses /	Accident Suicid			Indetermined mann	ier [_]	
ACTUAL		, ,			IEF MEDICAL EX		DATE	SIGNED
SIGNATU	RE () he	zelles	relly M.D.	ASSIST	NT MEDICAL EX	AMINER X		25/65
EXAMINI NAME (T		s S. Pet	ty, M.D.	ASSOC1.	ATE MEDICAL EX	KAMINER	11/2	.5/05
BURIAL CREM		23	C. NAME of CEMETERY of	CREMAT	ORY 23D. L	OCATION (City	y, town, or county)	(State)
MOVAL (Specily)	Nor.	9-1965	Ct Ct				2	
	BY HEALTH DEPT.	-	St. Stanis	8115 124C	FUNERAL DIRECTOR	lalk, Ave. I	Balto Md 2	1224
		0 7 1	1	-		0000		
NOV 29 1	955 P.O. A	& tan	South a	Jo	nn J. Duda.	2829 Hudson	St. Balto.	. Md.
151-PEV 1/1/6	5 1 0 0	. , ,) 		1 44 100			

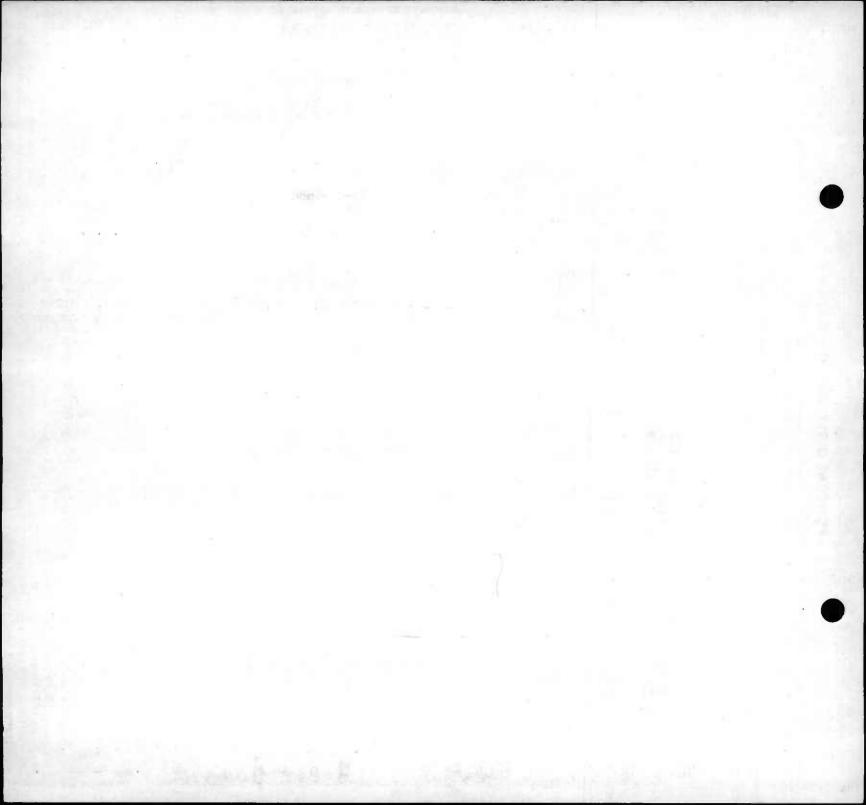


	05 49	145	BALTIMORE CITY	HEALTH DEPARTMENT		OF ADLAN
BIRTH NO.	65 12.	LIO	CERTIFICA	TE OF DEATH	Registered Na	65_12115
M.E. CASE NO.	CEASED		02.(())		AND HOUR OF DEATH	H
(Type or Print)	-	ICIA M.	CRAWLEY			
3. PLACE OF D	EATH IN BALTIMORE, M		OTENHILL	4. USUAL RESIDENCE (WI	here deceased lived. If	65 6:15 pm M institution: residence before odmission)
PILL NAME	De di salia tassina	l and the attention of the		Maryland	Baltim	ore
HD SPITAL OF		l or institution, give on)	streel	Market Ma		RURAL and give township)
INSTITUTION				Dundalk		63700
Bal	timore City H	ospital		D. STREET ADDRESS	If ruiol, give location)	
				7435 Durwood	l Road, 2	1222
5. SEX Female	6. RACE White	7, MARRIED, NET WIDOWED, D Married	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH Jan. 29 - 1923	9. AGE (In years lost birthday)	If Under 1 Yı. If Under 24 His. Months Doys Hours Min.
			SINESS OR INDUSTRY	11. BIRTHPLACE (State of fo	reign country)	12. CITIZEN OF
	of working life, even if retired) Teacher		or Elemetary	Pennsylva	ลทว์ล	WHAT COUNTRY?
13. FATHER'S NA			chool	14. MOTHER'S MAIDEN N		0000110
	Miles	B. Munn	220 02	Lucille Bla	atchford	
15. Was Decens	ed Ever in U. S. Armed F		SOCIAL	17. INFORMANT	a ocittor «	ADDRESS
(Yes, no or unknow	vn) (If yes, give wor or do	tes of service)	SECURITY NO.			
No	No	21.4	-06-5317		aul Crawley	, # 4, a.b.c.d.
1B. 44	10 XI		CAUSE O	F DEATH		ONSET AND DEATH
DISE	ASE OR CONDITION D		1	Pardin OF	RPC+	1/2 How
	nal mean the mode of		DUE TO	Pardiac ar mital 5 heumaki He	1	
	e, asthenia, etc. It mean amplication which cause		K	of munat s	tenosis	
	ANTECEDENT CAUSE	S	(B)/)	reumanc pre	art alsens	1930
DISEASES	OR CONDITIONS, if	any, giving	DUE ID	heumake F	, , , ,	
	he above couse (A)	slaling the	(C)	reomone f	were in	
ONDEREIN	TO CONDITION Idsi.			child	hood	
E TO THE	NIFICANT CONDITIONS DEATH BUT NOT REI	ATED TO THE				
DISEASE O	R CONDITION CAUSING	IT. NDITION FOR WHITE	CH OPERATION	20A. AUTOPSY? (Yes or I	No) 208. IF YES. WERI	FINDINGS CONSIDERED
19A. DATE O		RFORMED		NO	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF	21B. PLA home, f		n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year) (Houi) 21E, IN.	JURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
S OF INJURY		While A	Not Whil			
22 1	' al a (1) (al t = 1 = ta	Work			19.50 to	7-1 04 10/15
	y that (1) (this haspite			gene		Mov 24 19.65
	e) last saw the deceas		Nov 24			olnian death accurred an the date
		ated abave. (I) (W	(e) (did) (did nat) v	iew the bady after death		
23A. SIGNA	norsia G.	In cobs	ma MA AU	ending Med	Stoff	23B. DATE SIGNED
//	100000			s. Director	Phys.	Nov. 29-1965
23 C. PHYSIC NAME	(Type)			23D. ADDRESS		
	Morris		M.D.		int Rd. Dun	dalk, Ml. 21222
24A. BURIAL CI REMOVAL	(Specify) 24B. DATE	24C. NAME	of CEMETERY of CRI	MATORY 24D.	LOCATION	City, town, or county) (State)
Burial	Dec. 1-0	65 Oak I	awn	7225	Eastern Ave	. Balto. Md. 21224
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO	OR .	Balto. Md. 21224 ADDRESS
NOV 29	1965 Release	TE, Stankey	MS 0 0	JOHN 7. DUDA	67922 Wise .	Ave. Dundalk, Mi. 22
V\$ 150-REV. 1/1	/65				1811	



	BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO. 65 12116 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	-12H6
1. NAME OF DECEASED (Type or Print)	Packeren	2. DATE AND HOUR OF DEATH	11/27/65 "
3. PLACE OF DEATH IN BALTIMORE, MARYLAND)	4. USUAL RESIDENCE (Where deceased lived, If inst	ituNon: residence before odmissian)
FULL NAME OF (If not in hospital or instit HOSPITAL OR address ar location)	ution, give street	Maryland C. CITY OR TOWN (If outside city limits, write RU	JRAL ond give lownship)
/	,	Baltimore	
R 11 in Ox	Hara	D. STREET ADDRESS (If rurol, give location) 19 N. Patterson Park Ave.	
5. SEX 6. RACE 17. MA	RRIED. NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years)	If Under 1 Yr. , If Under 24 Hrs.
Male White M	oowed, DIVORCED (specify) arried	11-29-1888 77	Months Days Hours Min.
IBA, USUAL OCCUPATION (Give kind of work 10B, KI)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Maryland	U.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Emeram T. Pscherer		Caroline	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war ar dates of se	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
Yes W.W. I	215-10-4208	RECORDS: BCH, 4940 Eastern	Avenue, #21224
18.203XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		P.	0111
LEADING TO DEATH (This does not meen the made of dying,	e.g., DUE TO	1 neumonca	dy hur.
heart failure, aslhenia, etc. II means the di injury at complication which caused death.	seose,	n / / / m /	8
ANTECEDENT CAUSES	(8)	Juldiple Myeloma	8 mo
DISEASES OR CONDITIONS, if ony,	DUE TO		
rise to the obave cause (A) stating			
ll ll			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING 17.	BUTING TO THE		
TO THE DEATH BUT NOT RELATED TO SEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION WAS PERFORMED 194. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	NO 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID (If in Boltimore ffice bldg., INJURY OCCUR?	City, give exoct location)
21 D. TIME (Month) (Day) (Year) (House OF INJURY (APPROX.)	While At Work At Work		/
22. I certify that (T) (this hospital) after		5/26 1965 10	1/27 1965
that (N(we) last saw the deceased aliv	11/	10	an death accurred on the dat
and haur and from the causes stated abo			
23A. SIGNATURE		ending Med. Stoff	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	12/10
DR. VIRGIL BROWN	M.D.	4940 Eastern Avenue, Baltimo	re, Md., #21224
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CR		, town, or county) (State)
REMOVAL (Specify)	Daltimone Nat	Baltimore	Marula nd

NOV 29 1965 A D. A & Fallowin 25C. FUNERAL DIRECTOR ADDRESS Conkling \$ 1965 263 NOV29 VS 150-REV. 1/1/65



BALTIMORE	CITY	HEALTH	DEPARTMEN
DALIMORE		LIFUTION	DELWIWEL

I N	E CASE NO.		2. DATE AND	HOUR OF DEATH	J. P. J. J.
	pe or Print) If a ftie Sh	ivers		ember 2"	7 1 3:00
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. Il instit	tution: residence before admis
	FULL NAME OF (If not in haspital or instituti	on, give street	14010	<i>'</i>	1204
i	HOSPITAL OR address or location)	on, give once.	C. CITY OR TOWN III outs	ide city limits, write RUI	RAL and give township)
/		4	Ballinor	e	
*	11 21	1 21	D. STREET ADDRESS (II ro	ural, give lacation)	Chart
5. 5	Union Memoria	ED, NEVER MARKIED	B. DATE OF BIRTH (9.	, AGE (In years	If Under 1 Yr. , II Under 24
	WIDO	WED, DIVORCED (specify)		ost birthday)	Aanths Doys Haurs N
	USUAL OCCUPATION (Give kind of work 10B, KIND		Y 11. SIRTHPLACE State or lareig	n caunty)	12. CITIZEN OF
dan	ne during mast of warking life, even if retired)		2 - 1/1 /00	2/1	WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	e vui	
	7 / - / h		Dana	11:0	
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	VINE	ADDRESS
(Yes	s,no or unknown) (II yes, give war ar dates of service	SECURITY NO.	>///		
_	[18, 5 5 1 V]	CALLS	OF DEATH	d	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEAT
	LEADING TO DEATH	(4)			
	(This does not mean the made of dying, a heart lailure, asthenia, etc. It means the disea				
	injury ar complication which caused death.)	/36,	nation of k	> - /-	
	ANTECEDENT CAUSES	(B) (~ 12 ON. O. / /7	0 1 11 11 11 11 11 11	
	AITTECEDENT CAOSES	(B) DUE TO	de la companya del companya del companya de la comp	the state of the s	4
	DISEASES OR CONDITIONS, if ony, giv	DUE TO	1. 2	1 P	X X
		DUE TO	relise Voice	lor auio	Suf L
	DISEASES OR CONDITIONS, il ony, giv rise la lhe abave cause (A) staling	DUE TO	relias voia	Lor Ruis	and a
NO	DISEASES OR CONDITIONS, il ony, giv rise la lhe abave cause (A) staling UNDERLYING CONDITION last.	TING	relise Voice	lor Quijo	See &
SATION	DISEASES OR CONDITIONS, il ony, giv rise la lhe abave cause (A) staling UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE	tal Hono	lor Quio	Su X
TIFICATION	DISEASES OR CONDITIONS, il ony, giv rise la lhe abave cause (A) staling UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING	tal Henry 200A. AUTOPSY? (YOS OF NO)	Lor Quision 208. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
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ERTIFIC	DISEASES OR CONDITIONS, il ony, giv rise la lhe abave cause (A) staling UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED OR CONTRIBUTING CAUSE OF	TING THE OR WHICH OPERATION 218. PLACE OF INJURY (e.g.,	tal Hono	IN CERTIFYING CAUS	DINGS CONSIDERED ES OF DEATH?
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EVIL C. LL

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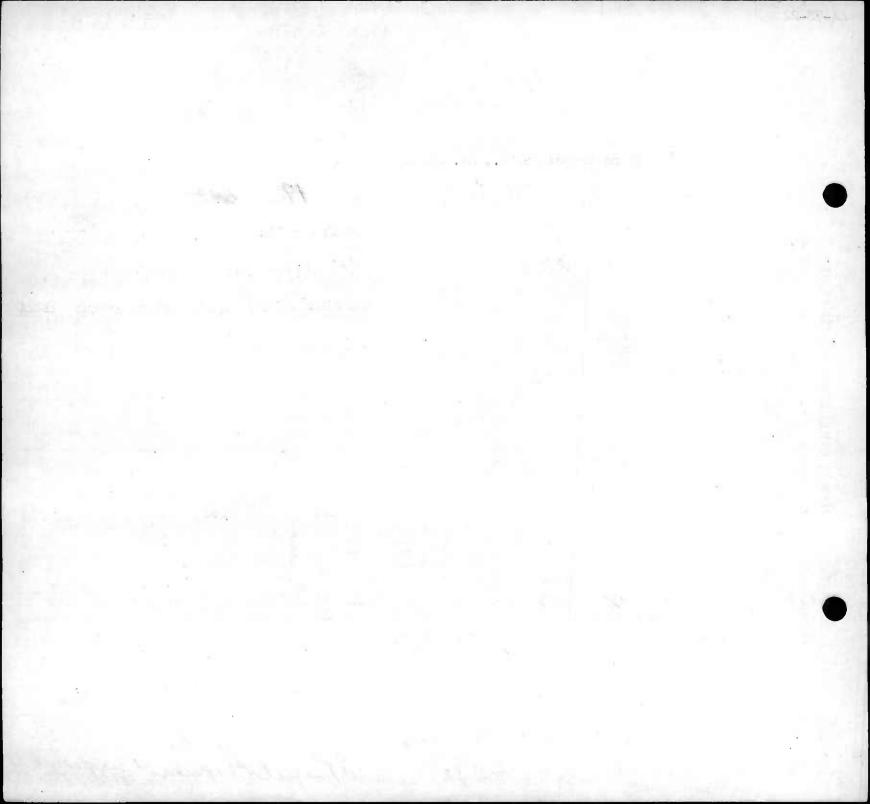
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

the body was released to the hospital by a medical examiner.

0-1000	BALTIMORE CITY	HEALTH DEPARTMENT		05 40440
BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered Na	65 12118
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	~~
Type or Print) No His M. Orr			5-65	11 50 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admiss
FULL NAME OF (If net in hospital er institution, give	straet	la-	1	1-35
MOSPITAL OR oddiess of location) INSTITUTION		C. CITY OR TOWN (If eut	side city limits, write R	(URAL and give lownship)
BAITO CTV Hospitals		D. STREET ADDRESS (IF	rurol, give location)	
4940 Eastern Avenue Balto., M	id. 21224	228 S- no	wherry S	7
5. SEX 6. RACE 7. MARRIED, NEV	VER MARRIED		9. AGE (In yeers	If Under 1 Yr. If Under 24 Months: Doys Hours Mi
t N aivor	reed	3-8-17.03	62	
10A, USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUS done during most of werking life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or ferei		12. CITIZEN OF WHAT COUNTRY?
none		South Caroline		USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	11 1 -	1
John millegge		MARTHA	Naughin	et
5. Was Deceosed Ever in U. S. Armed Ferces? Yes, ne er unknown (If yes, give wor or detes of service)	SECURITY NO.	17. INFORMANT	1 '	ADDRESS
no		RECORDS Char	4940 Eas	tern Avenue 21
18. 160,91	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Ca	rcinomao	21108	9 mas
(This does not mean the made of dying, e.g.,	DUE TO	10000 maco	ornas	1 11103
heart lailure, asthenia, etc. It means the disease, injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, il any, giving	DGE 10			
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)			
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WHITE	CH OPERATION	Yes or Ne	IN CERTIFYING CAL	USES OF DEATH?
	ACE OF INJURY (e.g., in	or ebout 21C. WHERE DID	(It in Beltimore	City, give exect locetienl
OR CONTRIBUTING CAUSE OF Theme, for DEATH (netify medicel exeminer)	erm, fectery, street, offi	ice bldg., INJURY OCCUR?		
O 21D. TIME (Menth) (Deyl (Yeer) (Heur) 21E, INJ	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
▼ OF INJURY (APPROX.) While A	At Net While			
22. I certify that Withis haspital attended the d		1-22-65	9 to [[-25-65 10
that (I) (we) last saw the deceased alive an	11-25-65	**************************************		nian death accurred an the
			ar in (my) (dur) apii	nian death accurred an the
and haur and from the causes stated above.	rep(dia) (dia har) VI	lew the bady after death.		23B, DATE SIGNED
19-12 De RIK	M.b. Atter	nding Med.	Steff D	11-25-65
23C. PHYSICIAN'S	moe Phys		stern Avenue	Baltimore,
NAME Philander B Brus	sine J.M.D.	SA 70 Ea	L Hospe	Maryland
	E OF CEMETERY et CRE	MATORY 24D. L	OCATION (G)	ty, tewn, er county) (Sto
11/2,2/65 Le	hanon	1.	Usa A	PA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	REGISTRAR	, 25C FUNERAL DIRECTOR	Theres	ADDRESS
NOV 29 1965 P. O. A. O. T. O.	. 00	7 The There of	I halman	1334.00

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IMPORTANT FUNERAL DIRECTOR:

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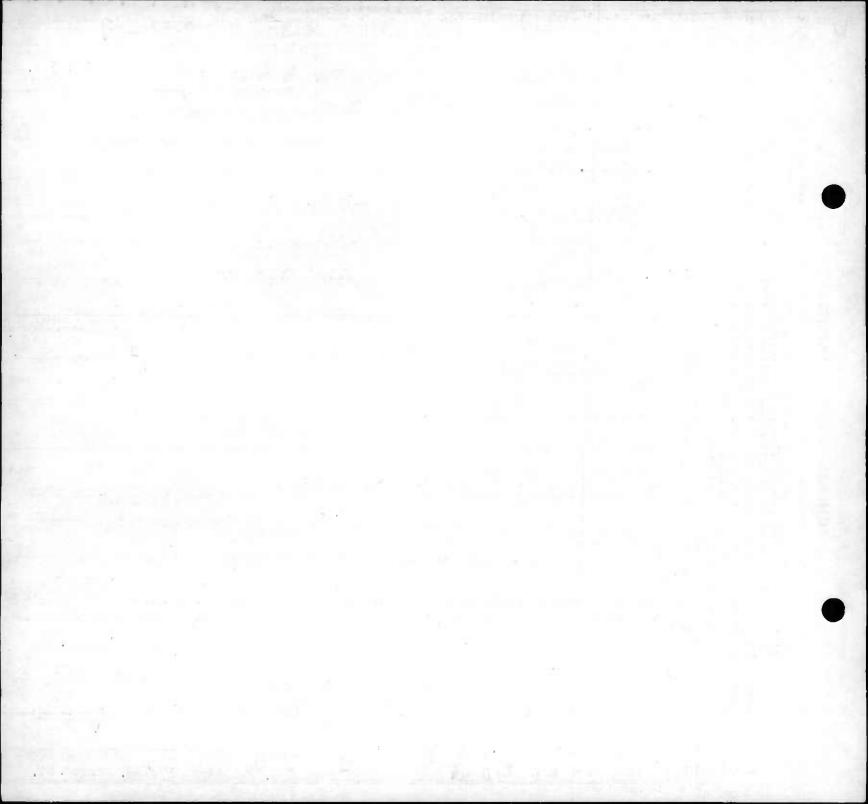
contributing cause (4) Undetermined cause; (5) attend prior occurred regular mad deceased isposition = Mas the ō assistant if death No final attendance any pronounced OL or his embalmed of fracture the chief medical examiner 9 regul ho are 4 3 (3) = physician the remains Was burns; physician Body the before the body was released to the hospital by (2) (except where °N any nature; obtained 9 approved and eath) of hospital must An accident must D 0 deceased prior to written approval 0 certificate at D.O.A. shows: Was

V\$ 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 65 12119 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RESIDENCE Where Recessed lived. If institution: residence before odmission) Rosalie Dobbins
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 10:25 A.M. B. COUNTY FULL NAME OF (If not in hospital or institution, give street Maryland HOSPITAL OR oddress or location) (If outside city limits, write Bar-Wil-Ba Baltimore
D. STREET ADDRESS (If rurol, give location) Convalescent Home 2101 W. Cold Spring Lane 3613 Windsor Mill Road 7. MARRIED, NEVER MARRIED
WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. If Under 24 Hrs. lost birthdoy Hours Female Negro Married July 15, 1882 8 12. CITIZEN OF WHAT COUNTRY? done during most of working file, even if retired) House Wife Maryland
14. MOTHER'S MAIDEN NAME USA William J. Thomas
15. Wos Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) Elizabeth Proctor ADDRESS 6. SOCIAL SECURITY NO 3613 Windsor Mill Road Charles Dobbins CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 208. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DtD home, form, toctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etr. MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram. 1965 1965 that (1) (we) lost sow the deceased alive an 11-21 and that In(my) (our) apinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did-not) view the body after death. 23A. SIGNATURE 23R DATE SIGNED Altending Stoff M.D. Med. Phy s. Director Phys. 23C. PHYSICIAN'S 23 D. ADDRESS NAME IType C.R 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specify Cemtery Pikeville Maryl Arlington

1727 N. Monroe St.

Phillips



death IMPORTANT DIRECTOR: FUNERAL the chief

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(4) Undetermined cause;

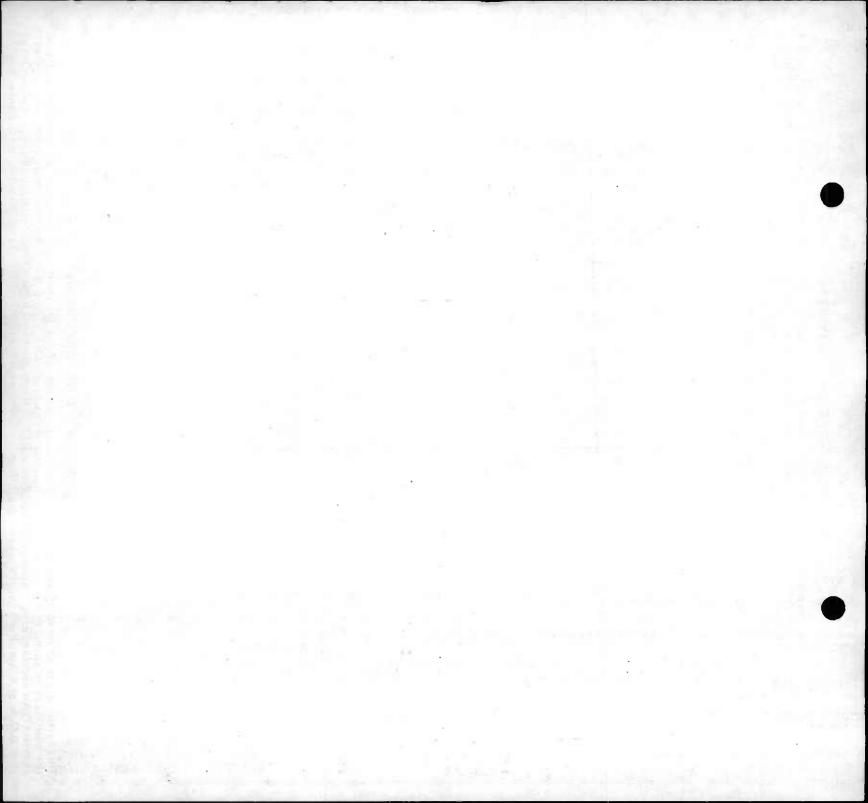
cause

contributing occurred

BALTIMORE CITY HEALTH DEPARTMENT 65 12120 65 12120 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) hovember 25-4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY briol 10110 HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 111000esuric D. STREET ADDRESS (If rutol, give location) made 7. MARRIED. NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours tost birthdoy vorced .S LACE (State or foreign countries 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) Musici 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME O 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service SECURITY NO 181-16-4044 10 18. OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. II means the disease, injury at complication which coused deoth,) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX) Work At Work 25 22. I certify that (1) (this hospital) attended the deceased from 6% that (I) (we) last saw the deceased alive an... 19 and that in (my) (aur) apinian death accurred an the date pe must and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGN ATURE 23B. DATE SIGNED Attending Med Stoff Phys. Director _ approval 23C. PHYSICIAN'S 23D. ADDRESS W.Grafton Hersperger M.D 24A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written 11/26/65 Loudon Park Cemetery Baltimore, Md. 258. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR ADDRESS Doward W. Hubbard, 4107 Wilkens Ave. VS 150-REV. 1/1/66 =

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

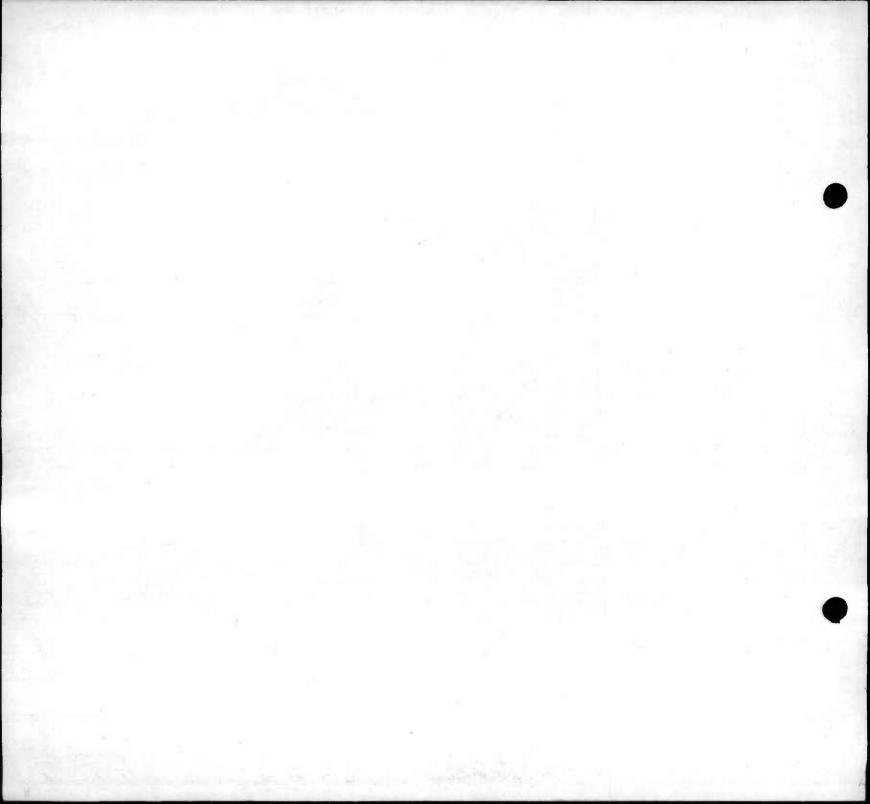
DIRT	H NO.	65 12	121		HEALTH DEPARTMENT	65 12121
M.E.	CASE NO.		2			
(Тур	e or Print)	ENO CITA	KOKKY	ENOCH A.	1/28/65	1:45/
3. P	LACE OF DE	ATH IN BALTIMORE, MA	KILAND		A. STATE B. COUNTY	It institution: residence before odhussi
H	ULL NAME O	OF (II not in hospital oddress or location		give street	Mary Land C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
- "	NSTITUTION				Baltimore	
1	ME	RCY Hos	PITAL		D. STREET ADDRESS (If rurol, give locotion 1719 Bank Street	
	^{EX} [ale	White	7. MARRIED	D. NEVER MARRIED D. DIVORCED (specify)	April 20, 1903 9. AGE (In yeors	II Under 1 Yr. If Under 24 H Months Doys Hours Min,
done		working life, even if retired)		Hopkins Univ.	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
13. 1	FATHER'S NA	August Roll			14. MOTHER'S MAIDEN NAME Mary	
15. V (Yes	Was Decedeed , no or unknown	Ever in U. S. Armed Form (If yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY, NO. 186-05-0062	17. INFORMANT Mrs Mary Rollis 1719	Bank Street
	18. 🗢 🚍	/ / 1		CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
ATION	OTHER SIGN	e obove cause (A) G CONDITION lost. II IFICANT CONDITIONS C FEATH BUT NOT RELA CONDITION CAUSING I	ONTRIBUTING TED TO T	IG A	ter veleva	20 ty
RTIFIC/		F OPERATION 198, CON WAS PERF	DITION FOR	WHICH OPERATION	20A. AUTOPSY (Yes or No.) 20B. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
L CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer	21 ho	me, form, foctory, street, of	n or obout 21C. WHERE DID (If in Bolt	imore City, give exact location)
ā	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E. INJURY OCCURRED hile At Not While Ork At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify	that (1) (this hospital) ottended	the deceased from//_	/25 / 1965 to	1/28/1963
		tast sow the decease		11/1 0// /		opinion death occurred an the d
	and haur on	d from the couses stat	ed obove.	(I) (We) (did) (did not) v	riew the body ofter deoth.	
	23A. SIGNATI	JRE /	7	/		23B. DATE SIGNED
	Wil	liam 1-	lega	Phy		11/28/65
	NAME (1	(ype)	/	M.D.	23D. ADDRESS	
24A	. BURIAL CRE	MATION, 248, DATE	Legat 24C.N	AME of CEMETERY of CRE	Mercy Hospital	(City, town, or county) (State
	Burial	Specify) 12-1-19		acred Heart		ounty, Maryland
25A	NOV 2	9 1965 A P. F	25B NAME	OF REGISTRAR	Lilly & Zeiler Inc.	ADDRESS 1901 Eastern Ave.
VS 1	150-REV. 1/1/		1 401 46			



FUNERAL DIRECTOR: IMPORTANT

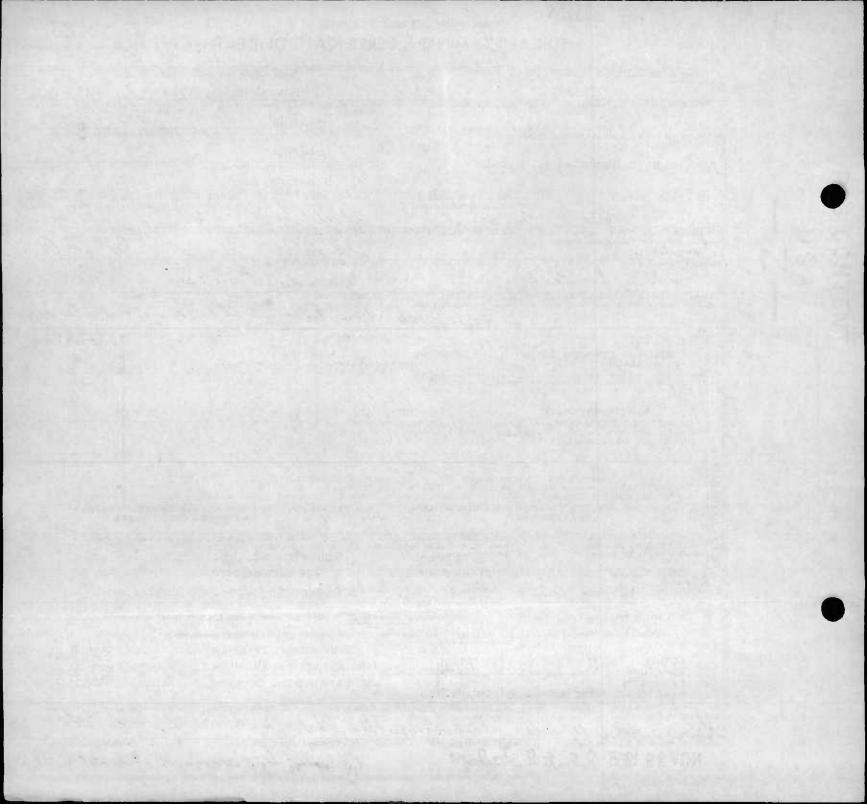
pital and of death Such cause; (5) Deceased no hospital death. ance contributing cause attend 0 = prior occurred (4) Undetermined regular mad deceased death isposition Ë SID the direct 3 assistant death On kind final ance any 70 0 pronounce attend or his Also, embalmed fracture of by the chief medical examiner regular who are 4 (3) = physician remains medical Was burns; physician the (2) Body the the body was released to the hospital by a before where °Z any nature; brained 9 approved (except and 0 An accident of hospital death) must certificate must 0 approval 0 prior at D.O.A. deceased written shows: Was

BALTIMORE CITY HEALTH DEPARTMENT 65 12122 CERTIFICATE OF DEATH Registered No.C. BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Elizabeth Bartholomen 11-27-65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: lesidence before admission) 12 M (If not in hospital or institution, give street address or location) FULL NAME OF C. CITY OR TOWN Ilf outside city limits, write RURAL and give township! INSTITUTION Baltimore anyland General Hospi D. STREET ADDRESS (If rural, give facation) Streeper 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years Il Under 1 Yı. Months: Doys 5. SEX B. DATE OF BIRTH Il Under 24 Hrs. Hours i Min. WIDOWED, DIVORCED (specily) Hours lost birthdovi Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Baltimore, Md. NSA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL ADDRESS SECURITY NO. Rospital No Chart CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease. injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) staling the ASCVO UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, loctory, street, olfice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notily medical examiner) etc. 21 D. TIME 21E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR! OF INJURY Not While While At (APPROX) 22. I certify that (1) (this haspital) attended the deceased from 11-26-65 19 65 10 that (1) (we) last saw the deceased alive an..... 11-27 19 65 and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated abave (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. M.D. Stoff Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) 25C. FUNERAL ADDRESS VS 150-REV. 1/1/65



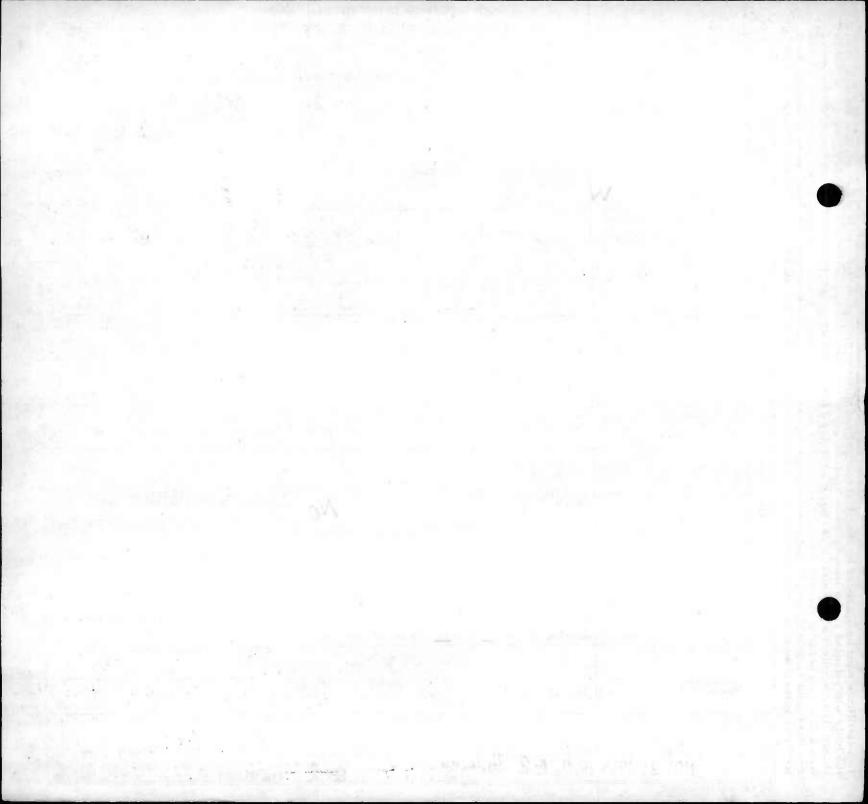
MEDICAL EVAMINED'S CEDTIEICATE OF DEATH PARTY

	CAL EXAMINER'S C	EKTIFICATE OF DEATH REGISTE	red No.
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR PRONOUNCE	ED DEAD
(Type or Print)	E DETT		
FRANK 3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	November 24, 1965 [4. USUAL RESIDENCE (Where deceased lived, If inst	
, react was a series of the se	THE PROTECTION OF THE PROTECTI	A. STATE Maryland B. COL	INTY Dul
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)
NSTITUTION		Bradshaw	1-2-00
/ Union Memorial H	Hospital	D. STREET ADDRESS (If rurol, give locotion)	WG 00
1		Bradshaw Road	
S. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Molo Intito	WIDO WED, DIVORCED (specify)	2/11/24 Cost birthdoys	Months, Doys Hours Min.
Male White DA. USUAL OCCUPATION (Give kind of work	10B KIND OF BUSINESS OR INDUSTR'	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)		Perland	WHAT COUNTRY
B. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	10,0,41
John S. Bet	el	Martha Evers	
S. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dote:	s of service) SECURITY NO.	In Ester Bell &	me las alsones
	217-03-1816	Miles, escale (Cart Cours	7
18.	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY		
LEADING TO DEATH	M111+	tiple Traumatic Injuries.	
(This does not meon the mode of heart failure, asthenia, etc. It means	dying e.g., DUE TO		
injury or complication which coused of	deoth.)		
ANTECEN DENT CAUCE			
DISEASES OR CONDITIONS, IF A	(B)		
RISE TO THE ABOVE CAUSE (A) ST	ANY, GIVING DUE TO		
UNDERLYING CONDITION LAST.	(C)		YEAR DAY THE
11			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT REL			
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	
WAS PERF	FORMED	Yes IN CERTIFYING CAU	SES OF DEATH? Yes
ZIA, EXTERNAL CAUSE WAS UNDERLYINGXOR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, gi	ve exoct location)
UNDERLYING OR CONTRIB-	etc.) Street	Charles St., S. of Go	odale Road
21D TIME (Month) (Doy) (Year)) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) 11 24 65	5 P WHILE AT NOT	WHILE X Driver in auto-auto co	llision
22.	m. WORK LAT W	ORK A DIIVEL III auto auto co	11101011
	nquiry Inspection Au	topsy X and that on this basis, death in n	ny apinian
resulted fram: Natural cas	uses Accident Suicid	e Homicide Undetermined manne	er 🗌
<u> </u>		CHIEF MEDICAL EXAMINER	
ACTUAL (() /	rules I Colly M.D.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE LA	mes 1 cmg M.D.	ASSOCIATE MEDICAL EXAMINER	11/25/65
EXAMINER'S NAME (Type) Charles	S. Petty, M.D.	AJJUCIATE MEDICAL EXAMINER	
3A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City,	, town, or county) (State)
EMOVAL (Specify)	11 - Port 7	Men Park Jacksonsille	1 Hasida
lemond sur 1/27	163 get dawn	The man of the second	
NOV CO TOCE A C	24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
NOV 29 1965 Robert	7 & farling Mit	Conselly Sono 300 Mace	. Use, Belto, 21
/\$ 151-REV. 1/1/65		10 100	



BALT	IMORE	CITY	HEALTH	DEPART	MENT

1, N (Typ	CASE NO. AME OF DECEASED OF Print) LACE OF DEATH IN BALTIMORE.	L2124 CERTIFICA ARCELIA HOBER MARYLAND	2. DATE AND HOUR OF DEATH 11/25/1965 14. USUAL RESIDENCE Where decessed lived, If it	12.25 A. N	
F	ULL NAME OF (If not in hospi	tol or institution, give street	A. STATE B. COUNTY MARYLAND C. CITY OF TOWN (If outside city limits, write BALTIMORE D. STREET ADDRESS (If rure), give locotion) 4900 WRIGHT AVE.		
5. \$	EX G. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED.	B. DATE OF BIRTH 19. AGE (In years lost birthday) June 18. 1889 16 years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
done	USUAL OCCUPATION (Give kind of studying most of working life, even if relied NOME ATHERS NAME	work 108. KIND OF BUSINESS OR INDUSTRY	New YORK C'Ty 14. MOTHERS MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?	
15. \ (Yes	HAN OREW KRAUS Vos Deceased Ever in U. S. Armed In o or unknown (If yes, give wer or or	Forces? 16. SOCIAL SECURITY NO.	Emilia Heinz	ADDRESS	
U	1 Known	218-46-6656	Charles F. Ebert, son, 22	S. Belle Grove #28	
ATION	ANTECEDENT CAU DISEASES OR CONDITIONS, iise la lhe obave couse (UNDERLYING CONDITION los). OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	TOUE TO if any, giving A) slating lhe (C) CONTRIBUTING ELLATED TO THE			
ERTIFIC	WAS	ONDITION FOR WHICH OPERATION PERFORMED	140	AUSES OF DEATH?	
_	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	G 21B. PLACE OF INJURY (e.g., hamo, form, factory, street, cetc.)		re City, give exact location)	
MEDI	21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	While At Nork At Work			
	22. I certify that (I) (this hospital) attended the deceased from 10 31 1965 to 11 27 1965 that (I) (we) last sow the deceased alive an 11 25 and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 2 10 ATE SIGNED				
	Causa 5. 23C. PHYSICIAN'S NAME (Type) LAURA	1 * 12]	onding Med. Stoff Phys. D 23D. ADDRESS BON SECOURS HOSPITAL	11.25.1965. BALTIMORE, MD.	
	Burial Cremation, 248. Date REMOVAL (Specify) Burial 11/29/ Date REC'D By HEALTH DEPT. NOV 29 1965			ADDRESS Inc.	



		Y HEALTH DEPARTMENT		
	th NO. 65 12125 CERTIFICA	TE OF DEATH Registered No. 65 12125		
1. N	AME OF DECEASED MARY MILDRED WINKLER	11/25/65 12.40AM		
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, 11 institution: residence before admission) A. STATE B. COUNTY		
H	FULL NAME OF (If not in hospital or institution, give street AOSPITAL OR oddress or lacation) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
	UNION MEMORIAL HOSPITAL	D. STREET ADDRESS (If rural, give location) 3/3/3/3udly Ave. Baltimore, Mo 2/2/3		
5. S	tenale White Midowed, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.		
done	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY educing most of working life, even if refired) Clerk Post Office	Baltimore Maricas Americas		
	TRICHARD OF JOHN CARMINZ Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL	14. MOTHER'S MAIDEN NAME Mary Vick 17. INFORMAN ADDRESS		
(Yes	s, na ar unknown) (If yes, give wor ar dates of service) SECURITY NO.			
	7 6 6 1	George J. Winkler, husband, above INTERVAL BETWEEN ONSET AND DEATH		
	(This does not meon the mode of dying, e.g., healt foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	cardiae arrest ente myocardial citarction		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
ERTIF	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes & Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in the contribution of contribution	in ar about 21C. WHERE DID (If in Baltimare City, give exact lacation) office bldg., INJURY OCCUR?		
2	21D. TIME (Month) (Day) (Yeor) (Hour) 21E. INJURY OCCURRED While At Nat Wark At Wark			
	22. I certify that (I) (this hospital) attended the deceased fram 200-22 1965 to 25 1965 that (I) (we) lost sow the deceased alive on 12.40 AM, May 22 1965 and that in (m) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) ((id) (did not) view the body after death.			
	pyong gl (Groy M.D. AH Phy	tending Med. Stall Phys. 23B. DATE SIGNED Nov- 25', 65		
0	PPYONE IL KWONON M.D.	The Uzion menorial Mospital		
24A	Burial CREMATION, 248. DATE 24C. NAME of CEMETERY of CR. Burial 11/29/65 Holy Redeemer Co.			

pinion deoth occurred on the dote 23B, DATE SIGNED Holy Redeemer Cemetery Baltimore,

256. NAME OF REGISTRAR

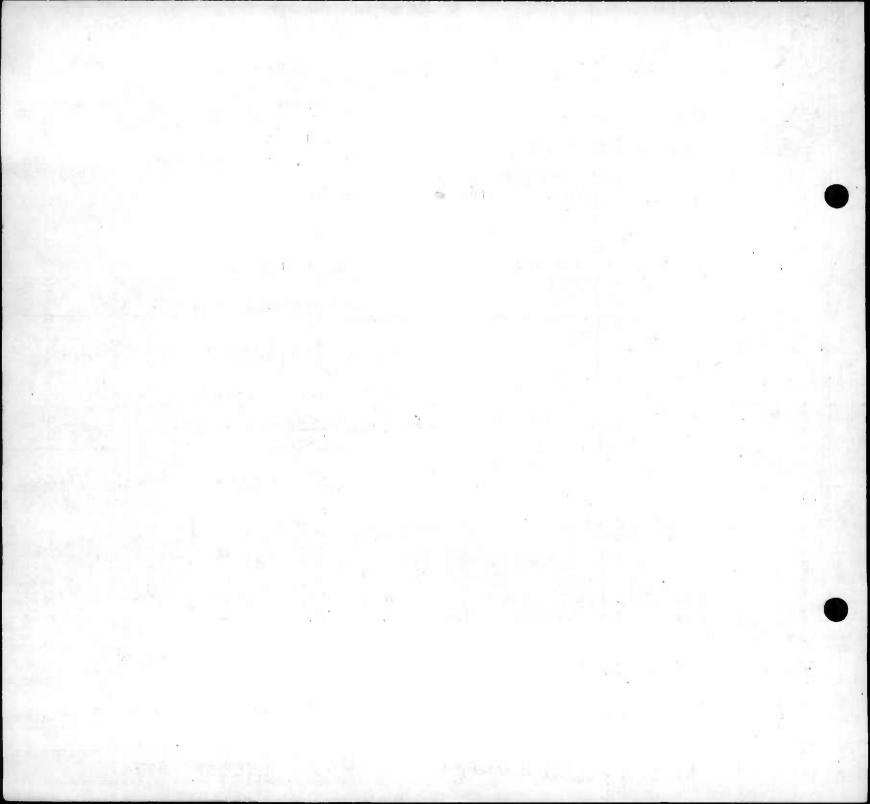
256. FUNERAL DIRECTOR
Schimunek, Funeral Home, Inc.

3337 Brehms Lane 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) (City, town, or county) (State) 11/29/65 Burial ADDRESS VS 150-REV. 1/1/65

U D LENDRIAL HOSPITAL

FUNERAL DIRECTOR: IMPORTANT	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a bespital and	3
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	>
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cabse (5) Decembed	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🦪	0
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	7
written approval must be obtained before the remains are embalmed or final disposition is made.	

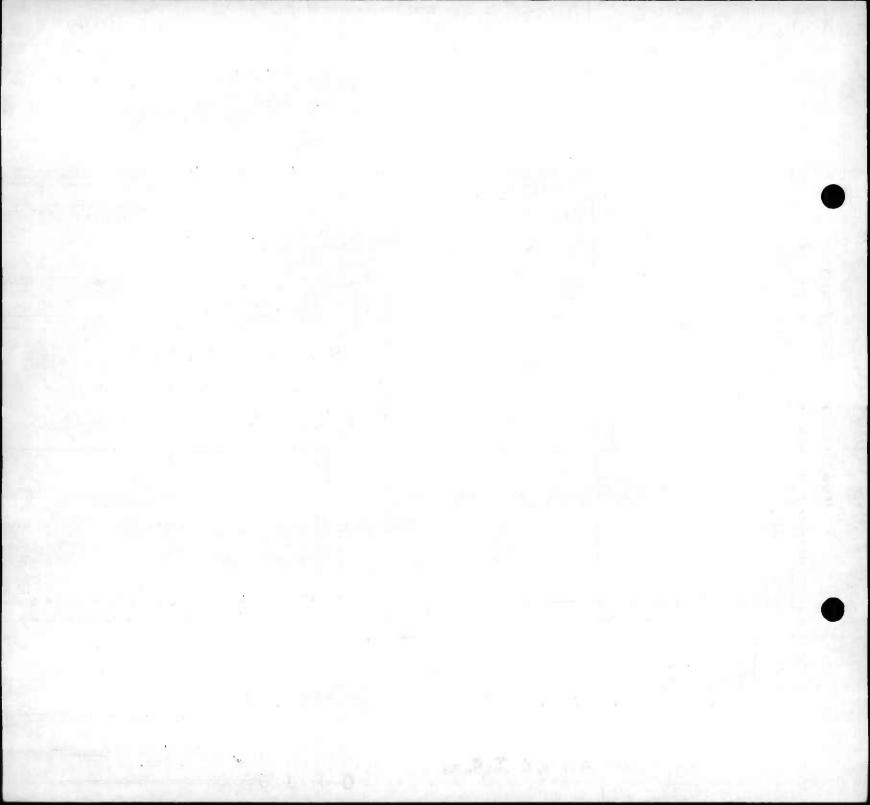
BIRT			HEALTH DEPARTMENT			
	H NO. 65 1212	6 CERTIFICA	TE OF DEATH	Registered No	5 12126	
1. N	AME OF DECEASED	ISAN ANN	2. DATE	25 65		
3. P	LACE OF DEATH IN BALTIMORE, MARYLAN	ID WITH		here deceased lived. Il i	nstitution: residence before odmis	
. E	FULL NAME OF (If not in hospital or inst	ikuki	MARYLAND	JNIT	1-02	
F	FULL NAME OF (If not in hospital or inst HOSPITAL OR address or location) NSTITUTION	notion, give sweet		outside city limits, write	RORAL and give township)	
-	Taling Horris Har	2741	BALTIMORE	If rural, give location)		
1	10MDS MODELLOS MOS	Spring				
5, S	EX 6. RACE 1 7. M	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	NWOOD AVE	If Under 1 Yr. If Under 24	
J, 3		DOWED, DIVORCED (specify)	7-26-78	lost birthdoy)	Months Doys Hours M	
	USUAL OCCUPATION (Give kind of work 10B, Ke during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
		t home	England		England	
13. /	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	ALFRED DE CARTERE	Г	SUSAN RIC	KARD		
15. Y (Yes	Was Deceased Ever in U. S. Armed Farces? s, no or unknown) (II yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
			Vera Eileen C	zaplinski,dh	gt. above	
	18. 4.2011	CAUSE C	F DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTL	Y	10 11. 4	J		
	LEADING TO DEATH (This does not meen the mode of dying	(A) CAY	aine my	umn	orgus.	
	heart failure, asthenia, etc. Il means the d	iseose,			0111	
	injury or complication which coused death ANTECEDENT CAUSES	(8)	dire stry t	Wheliction	ofthis.	
	DISEASES OR CONDITIONS, if ony,	DUE TO		V	0 0 0 M// 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	rise to the obove couse (A) statir	giving (C) AV	einschröfic ca	idio VAScula		
	UNDERLYING CONDITION lost.		clisease	b		
NOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CLUWK GRAINSUNDWINE, CAVCIOUNG PRECOST 44es					
7	DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of		Menst 1 get	
U	ITA DATE OF OFERALION ITA CONDITION				CINIOINICS CONSIDEREDIT	
TIFICA	WAS PERFORMI		110		FINDINGS CONSIDERED V	
CERTIFICA	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
AL CERTIF	WAS PERFORMI	D	in or obout 21 C. WHERE DID	IN CERTIFYING CA	AUSES OF DEATH?	
DICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine) 21D. TIME (Month) (Doy) (Year) (Hou	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.)	in or obout 21 C. WHERE DID	(If in Boltimo	AUSES OF DEATH?	
DICAL CERTIF	WAS PERFORMI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. INJURY OCCURRED While At Not Whi	in or obout 21C. WHERE DID liftice bldg., INJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?	
MEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Month) (Day) (Year) (Horoff INJURY (APPROX.)	218. PLACE OF tNJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF tNJURY (e.g., home, lorm, foctory, street, cetc.) 219. INJURY OCCURRED While At Not White At Work	in or obout 21C. WHERE DID liftice bldg., INJURY OCCUR?	IN CERTIFYING C	re City, give exact locotion)	
MEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine) 21D. TIME (Month) (Day) (Year) (Horomore) 21D. TIME (Month) (Day) (Year) (Horomore) 22D. TIME (Month) (Day) (Year) (Horomore)	21B. PLACE OF INJURY (e.g., home, larm, factory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work anded the deceased from	in or obout 21C. WHERE DID Infice bldg., INJURY OCCUR?	IN CERTIFYING CO	re City, give exact locotion)	
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MEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine) 21D. TIME (Month) (Doy) (Year) (Horomore) 22. I certify that W (this hospital) attention of the couses stated of the c	218. PLACE OF INJURY (e.g., home, lorm, factory, street, cetc.) 21E. INJURY OCCURRED While At Not White At Work anded the deceased from	21F. HOW DID II 19 O ond view the bady ofter deoth Add. Director	(If in Boltimo	re City, give exoct locofion) 19 Inion death occurred on the	
MEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Month) (Day) (Year) (Horothylland) 22. I certify that H) (this hospital) attethat M (we) last saw the deceased all and hour and fram the couses stated of	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 218. PLACE OF INJURY (e.g., home, lord, street, cetc.) 219. Altorior (e.g., street, cetc.)	in at about 21 C. WHERE DID liftice bidg, tNJURY OCCUR? 21 F. HOW DtD II 19	IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 19 (aur) ap that in (n) (aur) ap	re City, give exoct locofion) 19 Inion death occurred on the	
MEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Month) (Doy) (Year) (Horofin) 21D. TIME (Month) (Doy) (Year) (Horofin) (APPROX.) 22. I certify that III (this hospital) attention of the course stated of the course st	218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.) 218. PLACE OF INJURY (e.g., home, form, factory, street, cetc.) 218. PLACE OF INJURY (e.g., home, grade). 218. PLACE OF INJURY (e.g., home, grade). 218. PLACE OF INJURY (e.g., home, grade). 319. Alt White All Work (with a work). 320. Att (with a work). 3218. PLACE OF INJURY (e.g., home, grade). 3218.	21F. HOW DID II 19 (0) ond view the bady ofter deotlers. 23D. ADDRESS	IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 19 () ta that in (non) (aur) ap Stoff Phys. X	Inion death occurred on the	
MEDICAL CERTIF	WAS PERFORMI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine) 21D. TIME (Month) (Doy) (Year) (Horofin) 22. I certify that (this hospital) attention that (we) last saw the deceased all and hour and fram the couses stated of 23A. SIGNATURE 23C. PHYSICIAN'S WAME Types DENVIS VIII. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 219. 21E. INJURY OCCURED While At Not Whith At Work M.D. Att Phy	21F. HOW DID II In or obout 21C. WHERE DID In or obout 21C. WHERE DID III III III III III III III III II	IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 19 () ta that in (nex) (aur) ap Stoff Phys. X LOCATION (C.)	re City, give exoct locofion) 19 Inion death occurred on the	
WEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine) 21D. TIME (Month) (Doy) (Year) (Horofin Jury (APPROX.) 22. I certify that (Ithis hospital) attended that (Ithis hospital) attended to the couse stated of the couse s	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.) 218. PLACE OF INJURY OCCURRED While At Day Not White At Work Not White At Day Not White At Work And Work And Work M.D. Att Day Not White At Day Not Work M.D. Att Day Not White At Day Not Work M.D. Att Day Not	21F. HOW DID II 19 O ond view the bady ofter deoth ending Med. Director 23D. ADDRESS TOWNS EMATORY 24D.	IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 19 () ta that in (nex) (aur) ap Stoff Phys. X LOCATION () Location () Location ()	Inion death occurred on the	
WEDICAL CERTIF	WAS PERFORMS 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examines) 21D. TIME (Month) (Doy) (Yeas) (Hot OF INJURY (APPROX.) 22. I certify that # (this hospital) atte that # (we) last saw the deceased all and hour and fram the couses stated of 23A. SIGNATURE 23C. PHYSICIAN'S WAME Types OBURIAL CREMATION, 248. DATE REMOVAL (Specify) Burial 11/29/65 DATE REC'D BY HEALTH DEPT. 258.	218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 219. 21E. INJURY OCCURED While At Not Whith At Work M.D. Att Phy	21F. HOW DID II 19 O ond view the bady ofter deotlers. 23D. ADDRESS 24D. 24D. 12SG-FUNERAL DIRECT	IN CERTIFYING C. (If in Boltimo NJURY OCCUR? 19 () ta that in (nex) (aur) ap Stoff Phys. X LOCATION () Location () Location ()	Inion death occurred on the	



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambalance on the deceased prior to death. Such

101071	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 65 12127 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	65 12127
1. NAME OF DECEASED (Minnie Type or Print)	HALL		6, 1965	1020
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where of A. STATE B. COUNTY		stitution: residence before adm
FULL NAME OF (If not in hospital or instituti HOSPITAL OR address or location)	ian, give streat	Md., 21224 c. city or town (If outside	e city limits, write R	RURAL and after township)
INSTITUTION		Baltimore	ıl, give lacation)	
Gould Nursing Home		103 N. Kress	son St	
WIDO	HED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years t birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours
IOA, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	Country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Baltimore, Md.		
Seibert		unknown		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dotes of servi	security No.	17. INFORMANT		ADDRESS
18. 4 9 9 9		Charles Hall, hus	sband, abov	INTERVAL BETWEE
LEADING TO DEATH (This does not meon the mode of dying, heart failure, asthenia, etc. It means the diseinjury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given is to the above cause (A) stating UNDERLYING CONDITION last.	DUE TO	rincleratic Hax Parkensons Pneumnite	clisease	2 yrs 3 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
	OR WHICH OPERATION	20A, AUTOPSY? (Yes or No)	OB. IF YES, WERE P	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, cetc.)		(If in Baltimare	City, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Work Not Whi Work At Work		Y OCCUR?	
22. I certify that (I) (rhts haspital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above	on 11/24	19.6. S ond that	in(my) (our) o pin	nion death accurred on the
	res Magno. All Phy			11/26/6
23C. PHYSICIAN'S NAME (Type) Dr. Louis F. Kli	mes M.D.	23D. ADDRESS 2623 E. Mor	nument Str	cet
REMOVAL (Specify)	c. NAME of CEMETERY of CR Oak Lawn Cemete		timore, Md.	ty, town, or county) (S
25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AE OF REGISTRAR	Schimunek Funer	ral Home,]	Inc.

VS 150-REV. 1/1/65

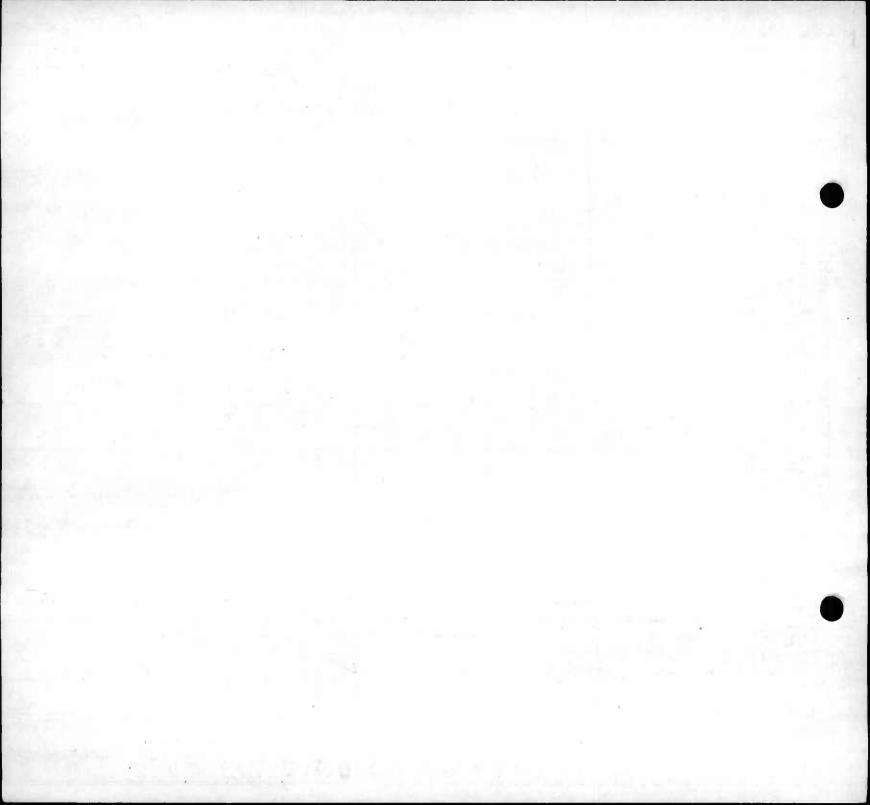


NOV 29 VS 150-REV. 1/1/65

a hospitol and

BIRTH NO.	1010	BALTIMORE CITY	THEATTH DELAKTMENT		CE AGAG
M.E. CASE NO	65 1212	CERTIFICA	TE OF DEATH	Registered No	65 1212
1. NAME OF D (Type or Print)	ECEASED	NE A. NAMUTH		MID HOUR OF DEAT	5 a.35
3. PLACE OF I	DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W		institution: residence before
FULL NAME HOSPITAL O	R oddress or location	or institution, give street	Md. 2120		e RURAL ond give township)
0	Gould Nursin	g Home	D. STREET ADDRESS	If rural, give location)	
5. SEX	6. RACE	7, MARRIED, NEVER MARRIED	8. DATE OF BIRTH	land Avenue	If Under 1 Yr. , If Under
female	white	widowed (specify)	1/26/1895	70	Months Doys Hours
	CCUPATION (Give kind of work of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
housewi		at home	Baltimore, Mo	3.	
13. FATHER'S N			14. MOTHER'S MAIDEN N		
	Joseph Walte		Mollie N	aynerne	
	sed Ever in U. S. Armed Fore wn) (If yes, give wor or dote		17. INFORMANT		ADDRESS
		218-44-3688	Walter Namuth	Jr., son,	above
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) ING CONDITION last.		onie Vahrdar Lebral arten Uronie srep	hutis	1 year
OTHER SIG	SINIFICANT CONDITIONS C				
TO THE	SNIFICANT CONDITIONS C DEATH BUT NOT RELA OR CONDITION CAUSING I				
TO THE	DEATH BUT NOT RELA OR CONDITION CAUSING I	T. DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DISEASE OF THE	DEATH BUT NOT RELA DR CONDITION CAUSING I OF OPERATION 198. CON	T. DITION FOR WHICH OPERATION FORMED	in or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locohon)
TO THE DISEASE OF TOTAL PROPERTY OF CONTRACTOR CONTRACT	DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI OENT WAS UNDERLYING IBUTING CAUSE OF tify medicol exominer) (Month) (Doy) (Year)	T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
TO THE DISEASE (DISEASE (DISEA	DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI OENT WAS UNDERLYING (BUTING CAUSE OF Hify medicol exominer) (Month) (Doy) (Year) Ify that (I) (this hospital (a) last saw the decease and from the causes state	T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Work at dalive an	21F. HOW DID II	(If in Boltim	ore City, give exact location)
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TO THE DISEASE (DISEASE (DISEA	DEATH BUT NOT RELA OR CONDITION CAUSING I OF OPERATION 198. CON WAS PERI OENT WAS UNDERLYING IBUTING CAUSE OF tify medicol exominer) (Month) (Doy) (Year) Ify that (I) (this heapitel a) last saw the decease and from the causes state TURE CLAN'S	T. DITION FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not White At Work (I) attended the deceased from the deceas	21F. HOW DID II 22F. HOW DID II 23F. HOW DID II	(If in Boltim NJURY OCCUR? 1964 to 1964 to 1965 to 1	ore City, give exact location)

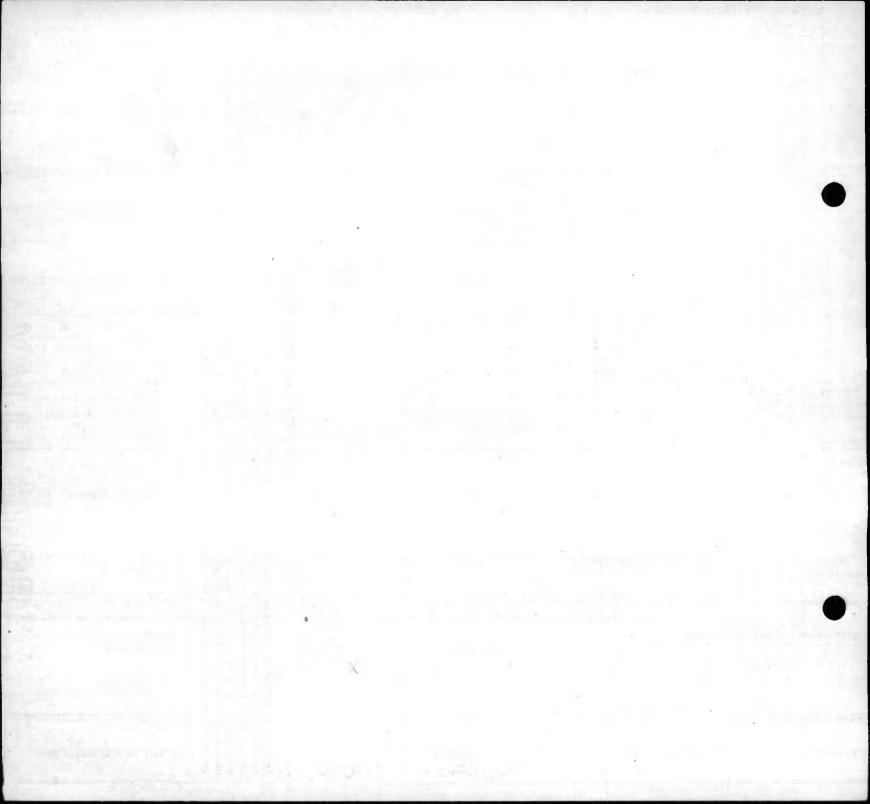
pchimunek Funeral Home, Inc. 2601 E. Madison St.



VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT
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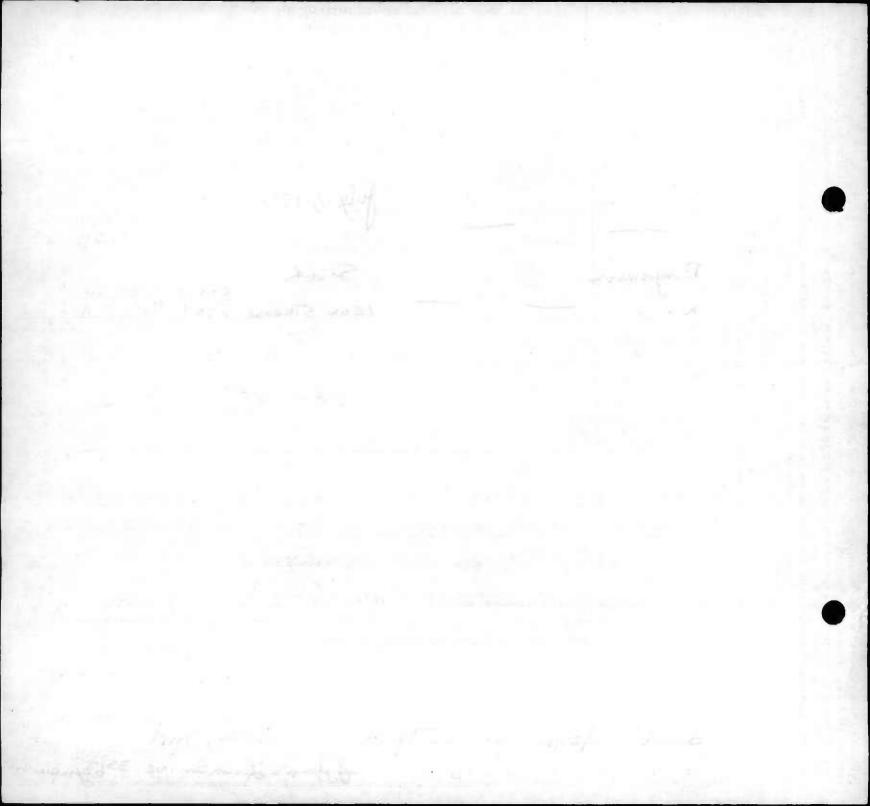
	H NO.	65		OLIVIII IO	ATE OF DEATH		C. M. A. 170 A. 170 I	
1. N	AME OF DEC	EASED			2. DATE AL	D HOUR OF DEATH	65 1212	9
	e ar Print)	-AMIL	LA	MINZ	11/3	26/65	10	9.
3. P	LACE OF DEA	TH IN BALTIMORE, A	ARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence befor	e odmis
	ULL NAME O			give street	MARYLAN	VD	150	7
	IOSPITAL OR	address ar laca	tion)		C. CITY OR TOWN (II au	tside city limits, write	RURAL and give tawnshi	ip)
)	741	8 NOR	ELIV	01	D. STREET ADDRESS (IF	rural, give location)		
	200	0 1101	LOLK	HVE	1 . 1	RFOLK A	VENUE	
5. SI	EX	6. RACE	7. MARRIED	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If U Manths Days Haurs	nder 24
F		WHITE		ED, DIVORCED (specify)	1879	last birthday 6		s M
		JPATION (Give kind af w warking lite, even if retired		F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY	17
	_				BOLTO. MI		USO	-
13. F	FATHER'S NAM	AE			14. MOTHER'S MAIDEN NA	ME		
	JACO	03			BeTTY			
5. V	Nos Deceased	Ever in U. S. Armed	Farces? ates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
, ,	No				MORTON SH	APIRO KA	4 SEUTA	w
	18. 2.3	2 / 1		CAUSE	OF DEATH	1.00	INTERVAL BE	TWEEN
	DISEA	E OR CONDITION		A.	(0 1/	Λ	ONSET AND	DEATH
	(This door o	LEADING TO DEAT		(A) le	rebral Vare	ulca	S Mo	cel
	heart failure,			, DUE TO		,		
- 1				,	Th	somber	2	
		plication which cous	ed death.)	i. a.	eneral 12 od	rombesi	Seven	9
		aplication which cous	ed death.) ES	(B) OLE TO	eneralized	romber	Severa	P
	DISEASES C	plication which cous	ed death.) ES f any, giving	(B) Q	eneralized arter	iselyon	Sever of sever of	e us
	DISEASES (ANTECEDENT CAUS OR CONDITIONS, i	ed death.) ES f any, giving	(B) Q	eneralize of arter	iselyon	Sever of	eus
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

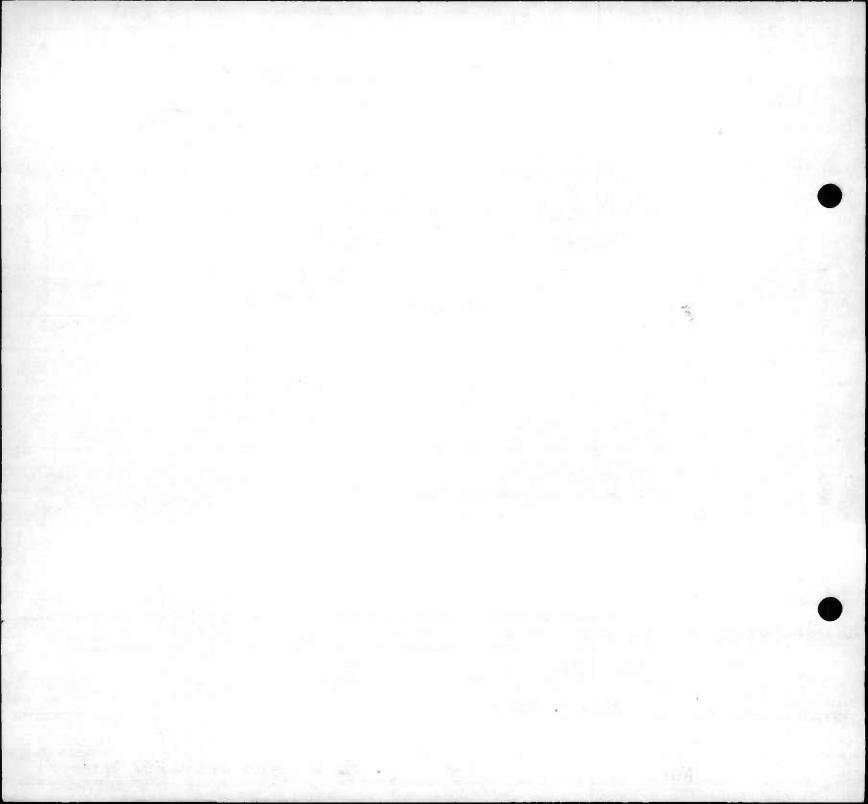
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 1213	() CERTIFICA	TE OF DEATH	Registered No.	
	CERTIFICA		D HOUR OF DEATH	12130
(Type or Print)	- PA-105			9400
3. PLACE OF DEATH THE BALTIMORE MARYLAND	TRAUSS		-27-65	ution; residence before admission)
S. FEACE OF DEATH IN DACIMONS MARIENTO		A. STATE B. COUNT		didn. lesidence belore damission,
FULL NAME OF (If not in hospital or institut	lion, give streel	MARYL		13-11
HOSPITAL OR oddress or location)	1 1 ADA 1+	C. CITY OR TOWN (If outs	irde city limits, write RUR	(AL and give lownship)
INSTITUTION SINAI HOSPI	tel 9 Della	BAUTO.		
5000 Greenspring	AVE	0 - 6	uiol, give locotion)	- A110
BAUTO . 15, M	0	1000	OLFIEL	
	RIED, NEVER MARRIED DWED, DIVORCED (specify)		ost birthdoy)	f Under 1 Yı. If Under 24 Hrs. Aonths Doys Hours Min.
toA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working file, even if retired)	D OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreig	in country)	2. CITIZEN OF WHAT COUNTRY?
done doring most of working life, even it ferred?		RUSSIA	L	Usa
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	43.0
Ω		0		
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.		CHEUY C	
No		LEON STRAUS.	5 7904 R	OCTON AVE
1B. 420.1	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				7 4
LEADING TO DEATH	(A) Ce	nelona vasc	wiAn Aceir	but I days
(This does nat mean the mode of dying, heart foilure, asthenia, etc. it means the disc	2000			
injury ar camplication which caused death.)	An	Temoschenetie	DISTANDIOUASON O	Dise.
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, gi	- 1			
rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)			
ll li			-4	Sept-1965-
O OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING MYDCAN	DIAC INRAN	DION	
TO THE DEATH BUT NOT RELATED TO	Chronse	pyeloweph	241	
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No)	20 B. IF YES, WERE FIN	DINGS CONSIDERED
E O				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	of of obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whi	le 🖳		
	Work Al Work			1
22. I certify that (1) (this hospital) attend				7/68 19 ,
that (1) (we) lost saw the deceased alive	on 11/27-65	19and tha	it in (my) (our) apinlo	on death occurred on the date
and hour and from the causes stated above	ve. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE			23	B. DATE SIGNED
I dam a. An	der M.D. Att	ending Med.	Stoff Phys.	11-27-64
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	M.D.			
24A. BURIAL CREMATION, 24B. DATE 24	IC. NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City	town, or county) (Slote)
SEMOVAL (Specily)	Slines The	oh B.	the mil	
Dune 11/29/65	ALL OF RECIETATE	loss Filalization	1110	ADDOSSS
The second secon	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Paris Sania	C. 3319 Com
NOV 2 9 1965 (C.) - E	tolkend	00,000	Juneo Carri 110	c 30 dympu an



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

DIB	NA NO	65 12	131		HEALTH DEPARTMEN		
M.I	CASE NO.	.,,	1.01	CERTIFICA	TE OF DEAT	6	12131
/Tou	AME OF DE		2 /	1		TE AND HOUR OF DEATH	
3.	PLACE OF DE	LAN ALL	RYLAND	7	14. USUAL RESIDENCE	Where deceased lived, If i	5 9:45 Am.
					A. STATE B. C	COUNTY	
	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital address or location	or institution, (give street	c. CITY OR TOWN	(If autside city limits, write	RURAL ond give tawnship)
1	UNI	VERSITY	140381	TAL		(If rural, give location)	
					3310 0	LYMPIA K	705
5. 5	m	6. RACE		NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH 9/1/05	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
		UPATION (Give kind of work warking lile, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
11			J 46	of STORKE	0141	0	6517
13.	FATHER'S NA	ME ER			14. MOTHER'S MAIDEN	NAME	
	SAMI	IEI KHOL	HIV		Raso	= 10/18	
15.	Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	FINK	ADDRESS
		n) (II yes, give war or date	s of service)	060-03-5606	4 /		
14	1B. ALOWI	20,11		CAUSE 0	WIFE F DEATH		5. PM 2
		SE OR CONDITION DI	ECTIV	CAUSE	DEATH		ONSET AND DEATH
	Distr	LEADING TO DEATH	(LCILI	101 171	ICAMDIAL	INFARCT	101
		not meon the mode of osthenia, etc. It means		DUE TO			
		mplication which caused		.1	= = 10		
		ANTECEDENT CAUSES		(B) / T	scun	ांत के के के की की के का प्राप्त प्राप्त का का करना प्राप्त प्रापत प्राप्त	
		OR CONDITIONS, if					
		G CONDITION lost.	sloling the	(C)	00 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	*******************	
		A 11					
ATION	TO THE D	DIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING I	TED TO TH	G E			
IC.		F, OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	11/26/	65 TRAC		N- AIRWAY OBS	TA NO	IN CERTIFYING CA	AUSES OF DEATH?
A.	OR CONTRIB	INT WAS UNDERLYING TUTING CAUSE OF	21 B. hom etc.)	PLACE OF INJURY (e.g., i e, form, factory, street, a	n or obout 21 C. WHERE D	-	re City, give exact lacotion)
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED			
×	(APPROX.)	NA		le At Not Whil	e		
			*****	× - >1 1101K		19 65 to 1/	1/27 19 65
		that 🗱 (this hospital		ne deceased from			
	that (I) (we	last saw the decease	d alive an		ar	nd that in(my) (out) -ap	inian death accurred on the date
		d from the causes stat	red abave. (I) (We) (did) (did not) \	riew the bady after de	ath.	
	23A. SIGNAT	URE C			anding — Adad -	- 11-12	23B. DATE SIGNED
	frea	11. July	an	M.D. Phy	s. Med. Director [Stoff Phys.	1/27/65-
	PHYSICIA NAME (AN'S Type)			23D. ADDRESS		
		FRED N.	SUGAR	M.D.	UNIVERSITY	1 HOSP K	PEOWOOD & GREENE STS
244	BURIAL CRI	EMATION, 248. DATE		ME of CEMETERY OF CR	EMATORY 2	4D. LOCATION (C	City, town, or county) (State)
	BURIA	1 11/28/19	65 +	FRRING	RUN	BALTE.	MA
254	DATE REC'E	BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRE	CTOR	ADDRESS
	NOVO	9 1965 10	49 FA	Burto !	SPERA SIX	EGIS + SON, lac	3319 CLYMPIN AUE
VS	150-REV. 1/1/	65	U C, 40				



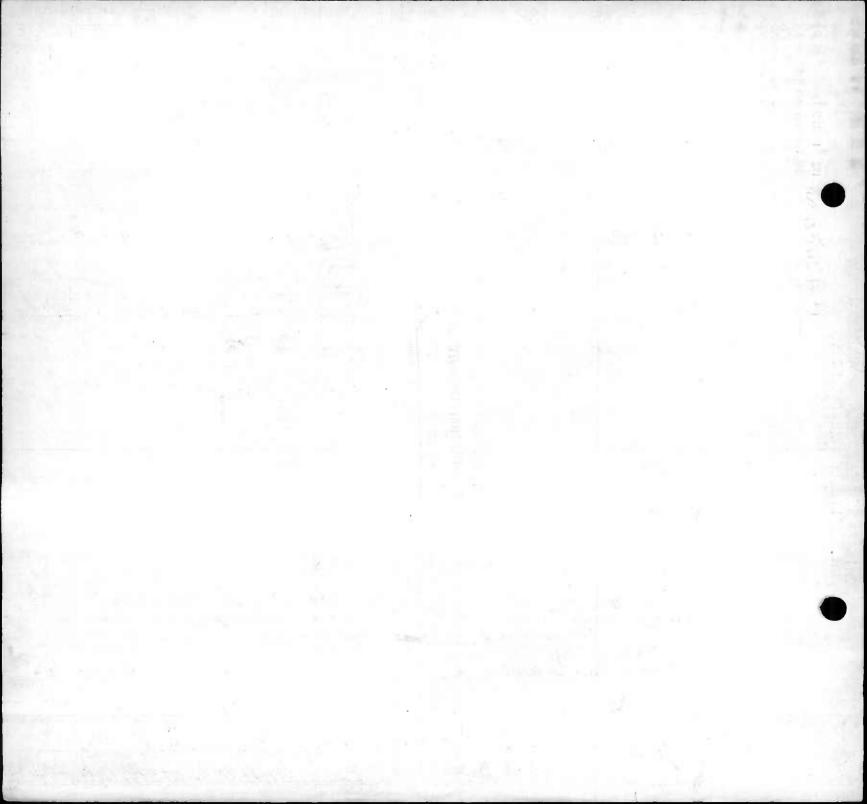
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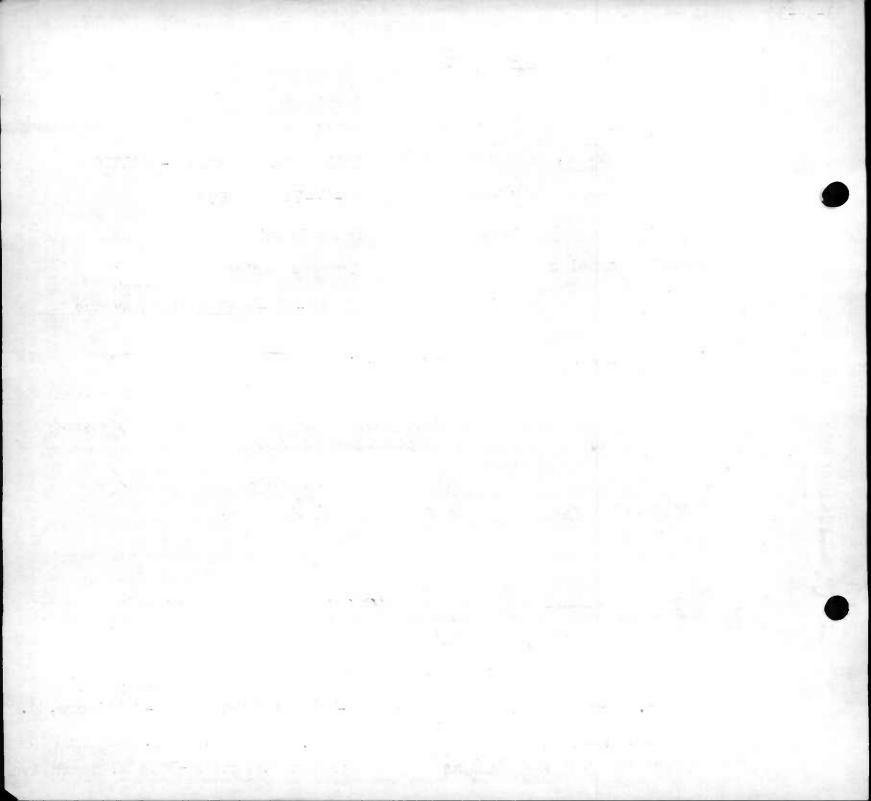


258. NAME OF REGISTRAR

Was

VS 150-REV. 1/1/65

WHAT COUNTRY? RECORDS-BCH-4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date Avenue-Baltimore Md. Baltimore Co. Maryland FUNERAL DIRECTOR Herbert E. Nutter -3035 W. North Ave



BALTIMORE CITY HEALTH DEPARTMENT 65 121 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Clayborn (Clayburn) 11/26/65 1:15 p. Allen 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) Potts and Callahan Contractors 1127 Etting St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min. WIDOWED, DIVORCED (specify) colored male Mar. 8, 1905 60 Widiwed 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF WHAT COUNTRY? dane during most of warking life, even if retired) Construction Cershaw S.C. Laborer 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Macum Clayborn Dorkus Truesdale 7. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Annie McMillian-Ador North Carolina CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic and hypertensive cardio-LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.) vascular disease ANTECENDENT CAUSES DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CENTENING CAUSES OF DEATH? $\overline{0}$ yes EDICAL 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, office bldg., INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Σ 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Day) OF INJURY NOT WHILE WHILE AT (APPROX.) Autopsy X I certify that I held on Inquiry Inspection and that on this basis, death in my opinion resulted from: Notural couses X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER . SIGNATURE Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER EXAMINER'S 11/26/65 NAME (Type)

• n The second of th

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a

Such

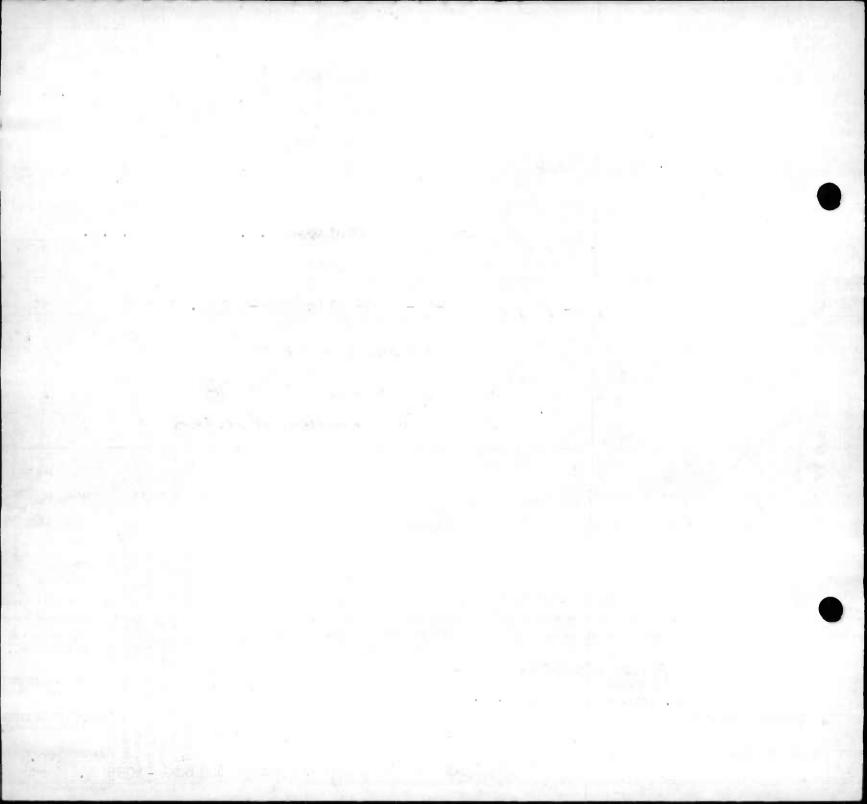
BALTIMOR	RE CITY HEALTH DEPARTMENT	CE 4040E
BIRTH NO. 65 12135 CERTIF	FICATE OF DEATH Registered No.	65 12135
M.E. CASE NO.	2. DATE AND HOUR OF DEATH	
(Type or Print)	11/21/1915	1 1 1 1 1 1 1 1 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If in	nstitution: residence before odmission)
	A. STATE B. COUNTY	803-
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN Ill outside city limits, write	0 - 0 -
INSTITUTION	1 2 11	KUKAL ond give fownship)
3 7 - 1 - 1 - 1 - 1 - 1 - 1	D. STREET ADDRESS (If rurol, give location)	- 3
C 11 2 11 C 1 11 1		0
5. SEX 16. RACE 17. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
WIDOWED, DIVORCED (spec		Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INT	9 18 1888	12. CITIZEN OF
done during most of working life, even if retired) B&O RR	DOSINI II. SINIFICACE (Store of foreign country)	WHAT COUNTRY?
Tractor Driver Retired	Hamilton, N.C.	U.S.A.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Alfred Lee	Frances ? ?	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO		A
	-6520- Alice Lee-430 N. Ca	
1341	USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Parcinoma of cecum	
(This daes not meon the made of dying, e.g., DUE	TO TO	
heart failure, asthenio, etc. It means the disease,		
ANTECEDENT CAUSES (B)	Anemia 2º to A	
DUE	TO	
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)	Adonoxarcinoma of rectum	
UNDERLYING CONDITION lost.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION CAUSING IT.	TANA	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	Yes	
OR CONTRIBUTING CAUSE OF home, form, foctory, s	(Y (e.g., in or obout 21C. WHERE DID (If in Boltimor street, office bldg., INJURY OCCUR?	e City, give exoct locotion)
DEATH (notify medical examiner) etc.)		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURR OF INJURY		
	lot While	
22. I certify that (I) (this hospital) attended the deceased from		11/26 1965
that (I) (we) last saw the deceased alive an	· · · · · · · · · · · · · · · · · · ·	
		inian death accurred an the date
and haur and from the causes stated above. (1) (We) (did) (did	nat) view the bady after death.	
23A. SIGNATURE		23B. DATE SIGNED
Verner Albertsen, M.P. M.	D. Attending Med. Stoff Phys.	
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
Dr. Verner Albertsen M. D.	M.D. C 11 Q 11	1 1 1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	Y OF CREMATORY 24D. LOCATION (C	ity, town, or dounty) (Stote)
REMOVAL (Specify)		
Dallal	National Cem. Baltimore Ma	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS Ave.
II THUT GOT TOTAL OF IN BY ATTRIBUTED OF	. Nutter Funeral Home	-3035 W Month

Burial 12/1 25B. NAME OF REGISTRAR 25A. DATE Role NOV29 1965

VS 150-REV. 1/1/65

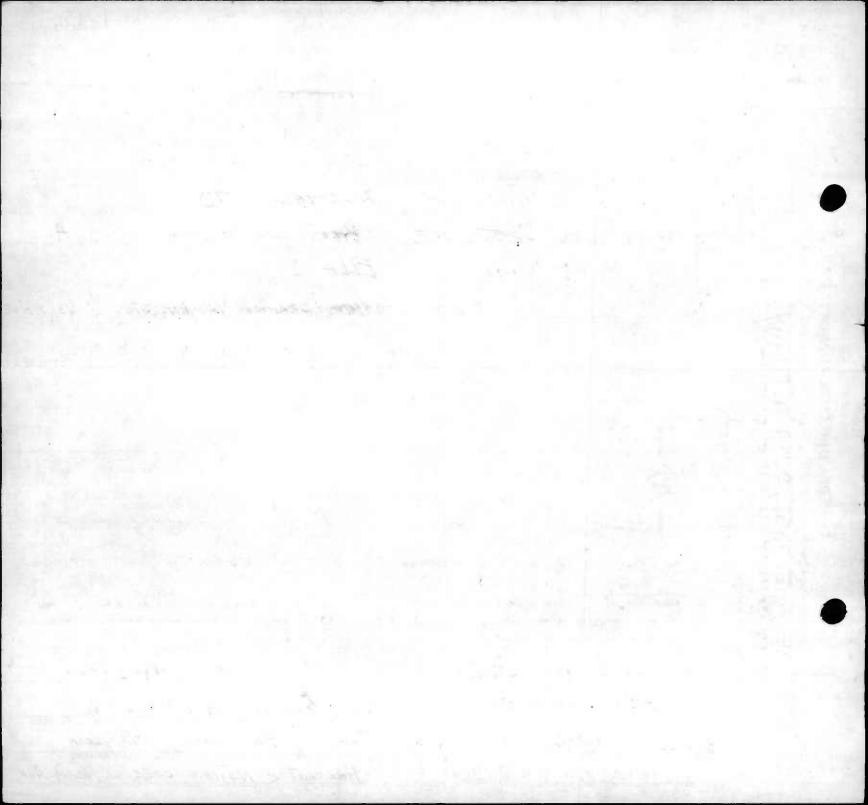
Nutter

Funeral -3035 Home W. North



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		65 12136
BIRTH NO. 65 12136	CERTIFICA	TE OF DEATH	Registered Na.	12136
I. NAME OF DECEASED	Dassi	2, DATE AN	ID HOUR OF DEATH	> 0
3. PLACE OF DEATH IN BALTIMORE MARYLAND	RUSSEL	14. USUAL RESIDENCE (When	e deceased lived. Il insti	dution: residence before admission)
		A. STATE B. COUN		5-06
FULL NAME OF (If not in haspitol or institu HOSPITAL OR oddress or lacation)	tian, give street	C. CITY OR TOWN (If out	tside city limits, write RU	RAL and give township)
INSTITUTION	16 - 0 - 26	BALTIMOR	E	
MONTEBELLO STATE	Haspithe	11	orth AV	7
S. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	701 00	711	If Under 1 Yr., If Under 24 Hrs.
WID	OWED, DIVORCED (specify)		last birth!	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or farei	gn country,	12. CITIZEN OF WHAT COUNTRY?
done during mast of working life, even if retired) CAFETERIA WORK DE	PTSTORE	BALTIMORE	MARYLAND	(), 5 A
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
JOHN MIDDLET	ON	ELLA GRIL	CFIN:	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give wor or dates af sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	1/1	ADDRESS
No	216-01-265		CE VALIGHN-	
1B. 153.8 I	CAUSE			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAR	CINOMA OF	COLON	5 MOS
(This does not mean the mode of dying, heart lailure, asthenia, etc. It means the dis	e.g., DUE TO			
injury at complication which caused death.)				
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, g				
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING THE			
19A. DATE OF OPERATION 198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN	NDINGS CONSIDERED
WAS PERFORMED		9E3	N	0
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, larm, foctary, street, cetc.)	in ar about 21°C. WHERE DID office bldg. INJURY OCCUR?	(If in Baltimare (City, give exact facolian)
O 21D. TIME (Month) (Day) (Year) (Haur)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Nat Whi	le 🔲		
22. I certify that W (this hospital) attend		10-7	19 65 to	11-24 1965.
that (IT (we) last saw the deceased alive				an death accurred an the date
and haur and fram the causes stated aba	ve. (M' (We) (did) (did nat)			
23A, SIGNATURE	1			38. DATE SIGNED
Living L. Gopers	M.D. Att		Stoff Phys.	11-24-65
23C. PHYSICIAN'S		23D. ADDRESS	5 11	,_=,_=,
Irving L. Cooperst	M.D. 4C. NAME of CEMETERY or CR	MIGN LEBELL	STATE H	OSPITAC.
24A. BURIAL CREMATION, REMOVAL (Specify)			OCATION (City,	Mazulanal
25A, DATE REC'D BY HEALTH DEPT. 125B. NA	MOUNT AUBURN	2SC. JUNERAL DIRECTOR	actimore,	ADDRESS
	Fally Mile			035 W. North Aug
VS 150-REV. 1/1/6S	N. M. S. C.	7	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,

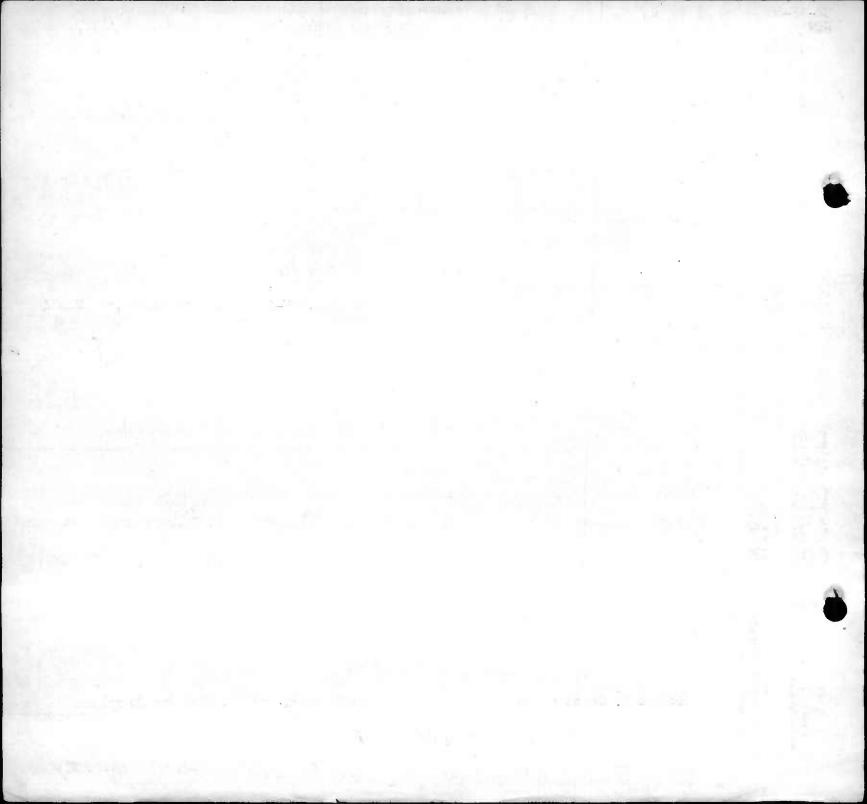


Parenty 1	65 1213	BALTIMORE CIT	Y HEALTH DEPARTMENT		par.
BIRTH NO.	ou laid	CERTIFICA	ATE OF DEATH	Registered Na. 6	5 12137
M.E. CASE NO.	<u> </u>				
1. NAME OF DECEASED	Tor Pn	sie R	1.1	ND HOUR OF DEATH	11/10
B. PLACE OF DEATH IN B	ALTIMORE, MARYLAND			are deceased lived. If inst	itution: residence before admission
	not in hospital or institut dress or location)	ion, give street	c. CITY OR TOWN III ou	itside city limits, write RL	RAL ond give township)
IN STITUTION			· Baltin	see.	
Baltimo	e City 1	paspitalo	919 S L	rurol, give location)	ef Street
Femal . W	7. MARI WIDO	NIED, NEVER MARRIED DWED, DIVORCED (specily)	6 7 2 V	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A, USUAL OCCUPATION done during most of working life		D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
monro	e be	orge	Eleanor		Winterray
5. Was Deceased Ever in U Yes, no or unknown) (II yes,	J. S. Armed Forces? give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Records:BCH-49	40 Eastern A	renue, 21224
18. 002./	I	CAUSE	OF DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY G TO DEATH	R		1	511
	the mode of dying, etc. It meons the dise		spiratory 7	certuri	
	which coused deoth.)	(a)	1 .	TBO	
ANTECE	DENT CAUSES	DUE TO	drauced	100	37
	DITIONS, if ony, gi couse (A) stoling		repositive bo	onclub + brow	Gedein sy
	11		4 4		V V
	CONDITIONS CONTRIBU BUT NOT RELATED TO ON CAUSING IT.		an inches		
19A. DATE OF OPERATI		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FILL	NDINGS CONSIDERED
ERTIF	THE PROPERTY OF THE PROPERTY O	1010 01 00 00 111111111	Yes	Yes	
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
2	(Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INTITION		344.4. 4. 4. 544			
S (APPROX) (Month)		While At At Work			
OF INJURY	(this haspital) attend		k 🗀	19ta	-25-6519
OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last say	w the deceased alive	work At World the deceased fram	11-10-65 5 19 and th	nat (in (my) (aur) apini	
OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lest say and haur and fram th	w the deceased alive	work At World the deceased fram	11-10-65	nat(in(my) (aur) apini	an death accurred an the dat
OF INJURY (APPROX.) 22. I certify that (I) that (I) we list saw and have and from the 23A. SIGNATURE	w the deceased alive	work At World the deceased fram	11-10-65 5 19 and th	nat(in(my) (aur) apini	
OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) list say and haur and fram the 23A. SIGNATURE	w the deceased alive	work At World the deceased fram	View the bady after death. ttending Med. Director 23D. ADDRESS	Stoff Phys.	an death accurred an the dates 238. DATE SIGNED 11-25-65
OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) ast say and haur and fram the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ROBERT R.	constantino	work At Work ed the deceased fram, an 1/-25-6 (1) (Wo (did) (did nat)	view the bady after death. ttending Med. Director 23D. ADDRESS 4940 Eastern Av	Stoff Phys. Paltimor	an death accurred an the dai
OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last say and haur and fram the 23A. SIONATURE 23C. PHYSICIAN'S NAME (Type) ROBERT R. 24A. BURIAL CREMATION, REMOVAL (Specify) SURIAL	Constantino	work At Work ed the deceased fram, an 15-6 (1) (Wo (did) (did nat) M.D. A M.D. A	view the bady after death. thending Med. Director 23D. ADDRESS 4940 Eastern Av REMATORY 1240. I	Stoff Phys. Paltimore Cocation (City Details)	an death accurred an the date 238. DATE SIGNED 11-25-65 re,Maryland Town, or county) (Stole)
OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) ast say and haur and fram the 23A. SIGNATURE 23C. PHYSICIAN'S ROBERT R. 24A. BURIAL CREMATION, REMOVAL (Specify)	Constantino 24B. DATE 11-29-65 TH DEPT. 25B. NA	work At Work ed the deceased fram an 1/-25-6 (1) (W) (did) (did nat) A.D. A.P. M.D. A.	view the bady after death. ttending Med. Director 23D. ADDRESS 4940 Eastern Av	Stoff Phys. Cocation (City DUTO. MC	an death accurred an the da 238. DATE SIGNED 11-25-65 re, Maryland

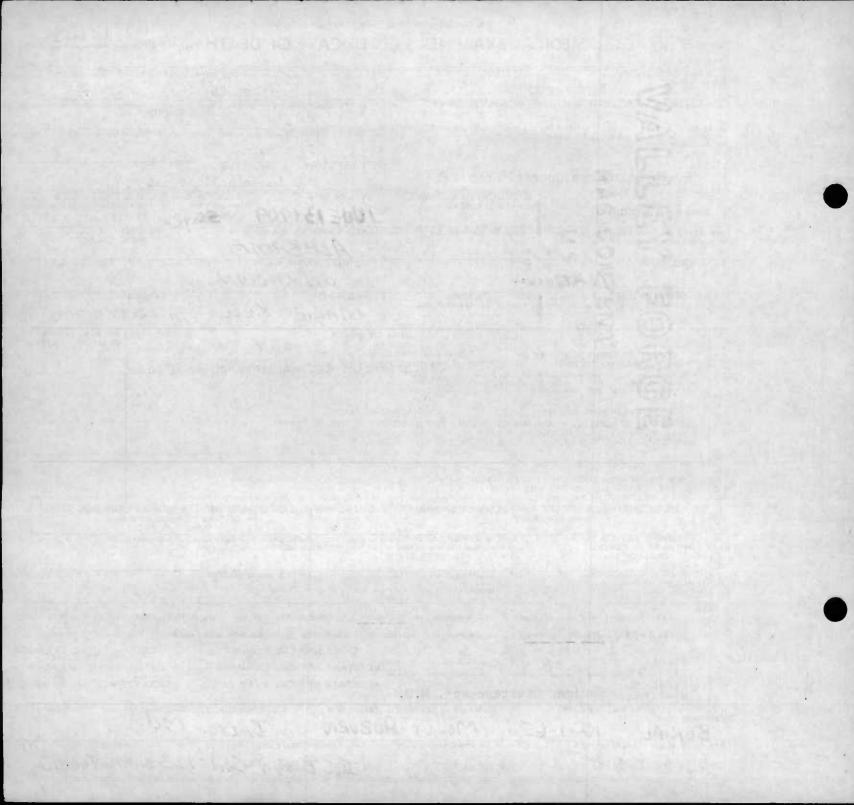
R. P. F. E. Falluto

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VS 150-REV. 1/1/65



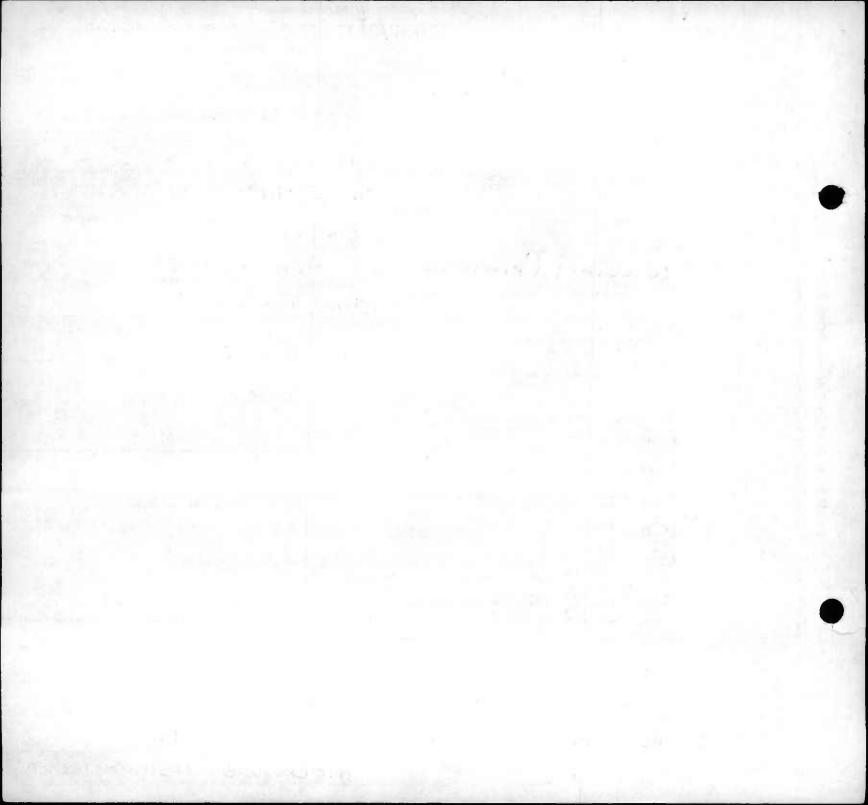
	TH NO. 65	1213MEDI		AMINER'S C		OF DEATH Regist	00 12138 ered No
1.	NAME OF DE	CEASED			2. DAT	E AND HOUR PRONOUN	CED DEAD
HUEY NETTLES					No	vember 26, 196	5 11:51 P M
		TIMORE, MARYLAND, WI			4. USUAL RESIDENCE (VA. STATE Mary	R CO	stitution: residence before admission)
HC	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	TION)	THON, GIVE STREET		outside corparate limits, wri imore	te RURAL ond give township)
	South	Baltimore Ger	neral H	ospital	D. STREET ADDRESS (III	f rurol, give location) Leadenhall Str	eet
5. :	male	6. RACE negro		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 56 ye	Months Days Hours Min.
		UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTR		foreign country) 9MA	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	UNKNO	wn		14. MOTHER'S MAIDEN	NOWN	
		ED EVER IN U.S. ARMED		SECURITY NO.	17. INFORMANT MARIE	KELL 83	I LEADENHAU ST
CERTIFICATION	DISEASES RISE TO TH UNDERLYI OTHER SIG TO THE	LEADING TO DEATH not meen the mode of it, asthenia, etc. It meens implication which caused of ANTECENDENT CAUSE OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST ING CONDITION LAST. II INIFICANT CONDITIONS DEATH BUT NOT REL	the disease, leath.) S NY, GIVING ATING THE CONTRIBUTING ATED TO T	(B)	osclerotic ca	rdiovascular d	isease
EDICAL CERTI	19A. DATE O	OR CONDITION CAUSING F OPERATION 19B, CON WAS PERF L CAUSE WAS JSE OF DEATH.	ORMED 21 B.		yes in ar obout 21C. WHERE to office bidg., INJURY OCCU		JSES OF DEATH?
MEC	21 D TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 2	VHILE AT NOT	21F. HOW DID	NJURY OCCUR?	
	ACTUA SIGNAT EXAMII NAME (NER'S Rudiger	Breite	Inspection Au ccident Vicio	de Homicide CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA	L EXAMINER AL EXAMINER	DATE SIGNED
RE	BURIAL CRE MOVAL (Specif BURIA A. DATE REC'D	y)	65	C. NAME OF CEMEFERY MOUNT & OF REGISTRAR	PUBURN 124C, FUNERAL DIRE	BALTO,	y, towg, ar county) (State)
	NOV 29	1965 P.O. A	8. Apr.	KURT O	TOL BROOM	NUMBER 12	3 W. MONTGOMER



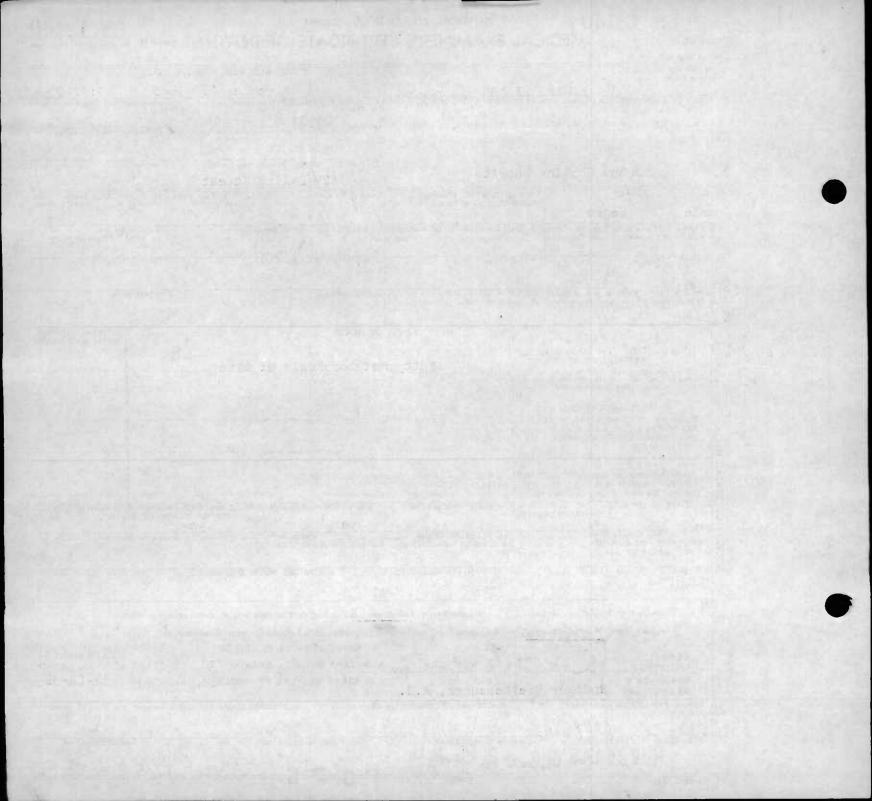
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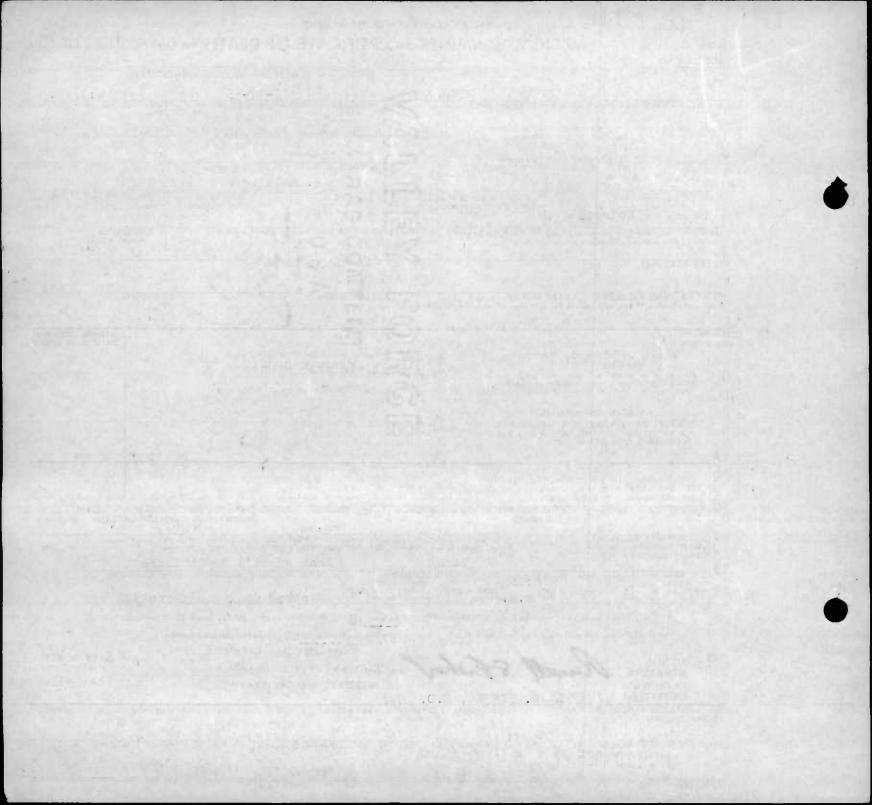
	BALTIMORE CITY I	HEALTH DEPARTMENT		
BIRTH NO. 65 12139	CERTIFICAT	E OF DEATH	Registered No.	12139
M.E. CASE NO. 1, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Type or Print) HAROLD CRAW		Nov	. 24,1965	15:00 A
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceased lived. If in: NTY	stitution: residence before admission
FULL NAME OF (If not in hospital or institution, give a oddress or location) INSTITUTION	street	C. CITY OR TOWN III .	utside city limits, write R	URAL and give township)
UNIVERSITY OF MARYLAND		BALTIMOR	E-212/3	
BALTIMORE, MARYLAND		D. STREET ADDRESS (1847) CC	frurol, give location)	AUE
5. SEX 6. RACE 7. MARRIED, NEV WIDOWED, DIV	VER MARRIED VORCED (specify)	JANY 7, 1911	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSI done during most of working life, even if retired)	INESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTRY?
WILLIAM CRAWFO		4. MOTHER'S MAIDEN NA	MILLE	R
5. Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL 1	7. INFORMANT		ADDRESS
	SECURITY NO.	JOAN THON	4 PSON	
18. 204.01	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	w H	ypercalces nic Lymph	21 (2	
(This does not mean the made of dying, e.g.,	DUE TO	Jan College		
heart failure, asthenia, etc. II means the disease,				
injury ar camplication which caused death.)	06.	wie Luncks	on tic Land	Ca in
ANTECEDENT CAUSES	DUE TO	MC - TIPE	of the beauti	334 4
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stating the	(C)		**********	
UNDERLYING CONDITION last.				
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19R. CONDITION FOR WHICE	H OPERATION	20 A. AUTOPSY? (Yes or h	10) 208. IF YES, WERE I	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLA: home, for etc.]	CE OF INJURY (e.g., in arm, foctory, street, office	or obout 21C. WHERE DID ce bidg. INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY (APPROX.) While AI Work	Not While			
22. I certify that (1) (this hospital) attended the de	aceased from	MAR	1954 to 1	100 24 1965
	11. 21	1 , -)		
that (1) (we) last saw the deceased alive an	1000 75	19 (2) ond t	hat in (my) (our) api	nian death occurred an the da
and haur and from the causes stated above. (1) (We	e) (did) (did nut) vii	w the bady after death	•	
23A. SIGNATURE	A			238. DATE SIGNED
Mit. C. Shares	M.D. Atten	ding Med.	Stoff T	11/2/1/
marien - the ye	Phys.	Director L	Phys.	11124165
23C. PHYSICIAN'S NAME (Type)		D. ADDRESS		
MARTIN C. SHAR	LEEL M.D.	UNIVERSITY	HOSP ITAL	BALTIMORE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CREA	MATORY 24D.	LOCATION (C)	ly, town, or county) (State)
REMOVAL (Specify)	0 -	SURN B		id.
BURIAL 11-2/-65 1410				T
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTO	1 1 1 1 1 1	ADDRESS
NOV 29 1965 12.0. 1 29 take	Series ()	A. D BROW	M-304 123	W. MONTGOMERY



	1	65 12140 BALTIMORE CITY HEALTH DEPARTMENT 65 12140
0	500	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
-		M.E. CASE NO.
		(Type of Print) EDWARD MILLER C November 27, 1965 1:15 P M.
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
		Maryland
		HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
	7	D. STREET ADDRESS (If rural, give locotion)
		Johns Hopkins Hospital 829 Dallas Street
		5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) 8. DATE OF BIRTH 9. AGE (In yeors lift Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
		male negro 5/5/9/8 47 100. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
		done during most of working life, even if relired)
		13. FATHER'S NAME
		Hisdred Chis
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give, wor or dotes of service) 16. SOCIAL SECURITY NO.
		Ses VV-7 218-01-4805
		18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fatty metamorphosis of liver
		(This does not meen the mode of dying e.g., hear foilure, osthenio, etc. It means the discose, injury or complication which coused death.)
		ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO
		RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
		Z (C)
		O TO THE DEATH BUT NOT BELATED TO THE
		LE DISEASE OR CONDITION CAUSING IT.
		19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
		21 A, EXTERNAL CAUSE WAS 21 B, PLACE OF INJURY (e.g., in or obout 2) C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?
		UTING CAUSE OF DEATH. etc.) 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		OF INJURY (APPROX.) WHILE AT NOT WHILE
		22.
		I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my apinion resulted fram: Navoral causes X Accident Suicide Hamicide Undetermined manner
		CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE DATE SIGNED DATE SIGNED
		EXAMINER'S ASSOCIATE MEDICAL EXAMINER 11-28-65
		23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) (Stote)
		REMOVAL (Specify)
		24A. DATE REC'D BY HEALTH DEPT. 124B. NAME OF REGISTRAR 124C. FUNERAL DIRECTOR ADDRESS
		NOV 29 1965 Reub E. Jaskuma form of Sovel 1712 W. North he
		VS 151-REV. 1/1/65



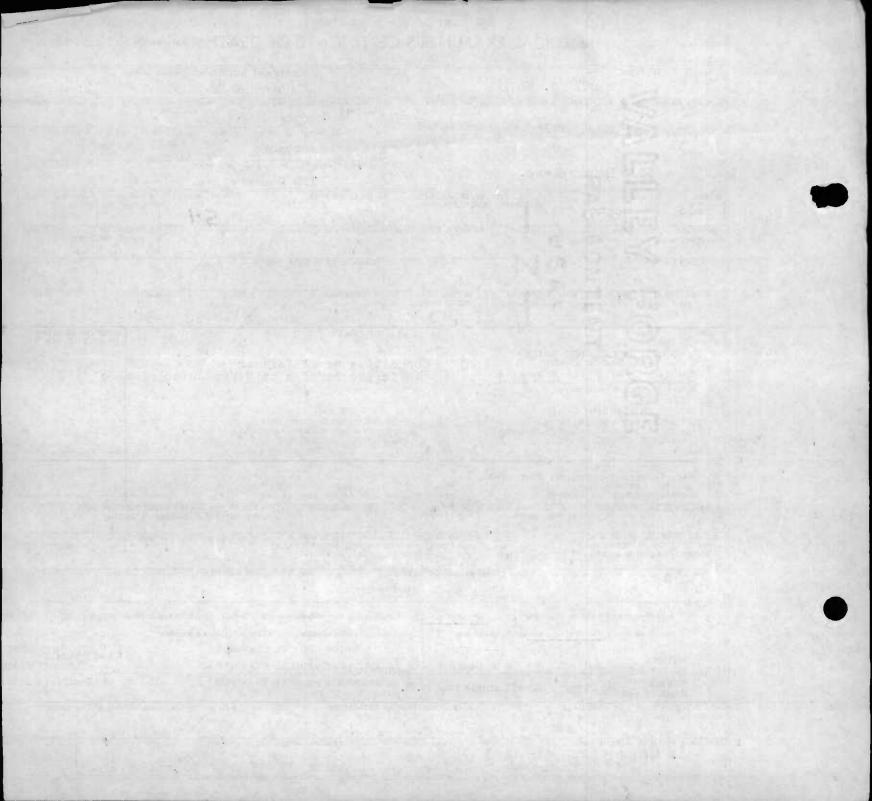
1	65 12141 BALTIMORE CITY HEALTH DEPARTMENT	
W 425	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 65	12141
X 4 - 12)	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD	
	(Type or Print)	47 P. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence be	
	A. STATE 8. COUNTY Maryland	3-12
	HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) White RURAL and give Baltimore	rownship)
2	BON SECOUR HOSPITAL D. STREET ADDRESS (If Turol, give locotion)	
	1313 E. Baltimore Street 21231	
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr, If WIDOWED, DIVORCED(specify) lost birthdoy) Months, Doys,	Under 24 Hrs.
	Male Colored // 12/1900 65?	1
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY WH	ITRY?
	13. FATHER'S NAME	
BUILDING THE RESERVE	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS	- 1019
	(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO.	84
		AL BETWEEN AND DEATH
	DISEASE OF CONDITION DIRECTLY	AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying e.g., DUE TO DUE TO	
	heort foilure, astherio, etc. It means the discose, injury or complication which coused death.)	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDER 19B, CONDITION CAUSES OF DEATH?	RED
	WAS PERFORMED Yes WAS PERFORMED Yes	
	21A. EXTERNAL CAUSE WAS 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimare City, give exoct locotion)	V
	OUNDERLYING OR CONTRIB- Home, form, foctory, street, office bldg., INJURY OCCUR? Yard Rear of 2111 Booth Street	
	21D TIME (Month) (Doy) (Year) 6 (Hay) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	(APPROX.) 11 21 '65 P.Mg. WHILE AT NOT WHILE X Stabbed during altercation	
	22. I certify that I held an Inquiry I Inspection Autopsy X and that on this basis, deoth in my apinian	
	resulted from: Natural causes Accident Suicide Hamicide XX Undetermined manner	
	CHIEF MEDICAL EXAMINER X	
	ACTUAL /// ACTUAL ACCUSTANT MEDICAL EVANINED	E SIGNED
	310111111111111111111111111111111111111	22-65
Decree 1	EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D.	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county)	(State)
	Bund 11/26/63 Mt CAlverty , Gles Burnie, No	
	24A: DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 124C. FUNERAL DIRECTOR ADDRESS	11/11
	VS 151-REV. 1/1/65 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	11 Orth



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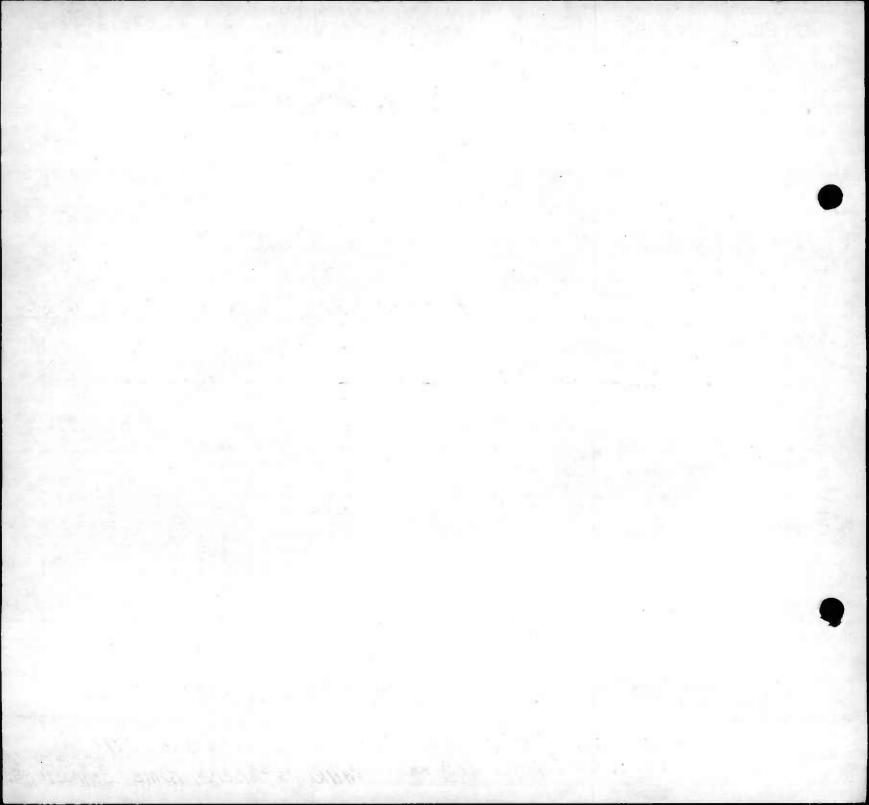
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIK	H NO.	CALEA	AMIINEK 3 CI	KHILI	AIE OF DEATH Registered No.				
	CASE NO.								
(Type or Print) MARTIN A. WHITE					2. DATE AND HOUR PRONOUNCED DEAD				
FUI	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	UTION, GIVE STREET	4. USUAL A. STATE	November 24, 1965 12:30 P _{M.} RESIDENCE (Where deceosed lived, If institution: residence before admission) Maryland R TOWN (If autside carparate limits, write RURAL and give township) Baltimore				
				D STREET	ADDRESS (If rural, give lacation)				
1)	5236 Denmore	Ave.		D. SIREEI	5236 Denmore Ave.				
5. S	ex 6. RACE negro		NEVER MARRIED DIVORCED (specify)	8. DATE OF					
dan	. USUAL OCCUPATION (Give kind of works during mast af warking life, even if refired)	108. KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
13.1	ATHER'S NAME			14. MOTHE	R'S MAIDEN NAME				
15. Yes	WAS DECEASED EVER IN U.S. ARMED , na ar unknawn) (If yes, give war ar date	FORCES? s of service)	SECURITY NO.	17. INFORM	ANT ADDRESS				
	18		215-10-8103	OF DEATH	Nes A Diads - 5238 Desino				
CERTIFICATION	(This does not mean the mode of heart failure, ostherio, etc. It means injury or complication which caused which caused which caused an experience of the complex of the caused of the cause of the caus	CONTRIBUTIN	(B) DUE TO (C)	rioscl	eart failure erotic cardiovascular disease				
CERTI	DISEASE OR CONDITION CAUSING 19A, DATE OF OPERATION 19B, CON WAS PERI	DITION FOR	WHICH OPERATION	20 A. AU	TOPSY? (Yes at No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL	21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i , farm, foctory, street, o	n ar about 2 ffice bldg., 11	1 C. WHERE DID (If in Baltimore City, give exact lacation) NJURY OCCUR?				
	21 D TIME (Month) (Doy) (Yeor OF INJURY (APPROX.)	V	VHILE AT NOT WORK		IF, HOW DID INJURY OCCUR?				
	22. I certify that I held an II resulted from: Natural con ACTUAL SIGNATURE EXAMINER'S Rudiger NAME (Type)	nquiry uses A	Inspection X Auto	CHII	ond that on this bosis, death in my opinion micide Undetermined monner EF MEDICAL EXAMINER UDATE SIGNED IT MEDICAL EXAMINER XX TE MEDICAL EXAMINER UTATE TE MEDICAL EXAMINER UTATE TE MEDICAL EXAMINER UTATE TE MEDICAL EXAMINER UTATE TO MEDICAL UTATE				
24A	BURIAL CREMATION, 23B, DATE 10VAL (Specify) DATE REC'D BY HEALTH DERT. NOV 29 1965	65 3	OF REGISTRAR	e: star	UNERAL DIRECTOR, County (State) ADDRESS LOCATION (City, tawn, or caunty) (State) ADDRESS LOCATION (City, tawn, or caunty) (State)				
VS	151-REV. 1/1/65			U					

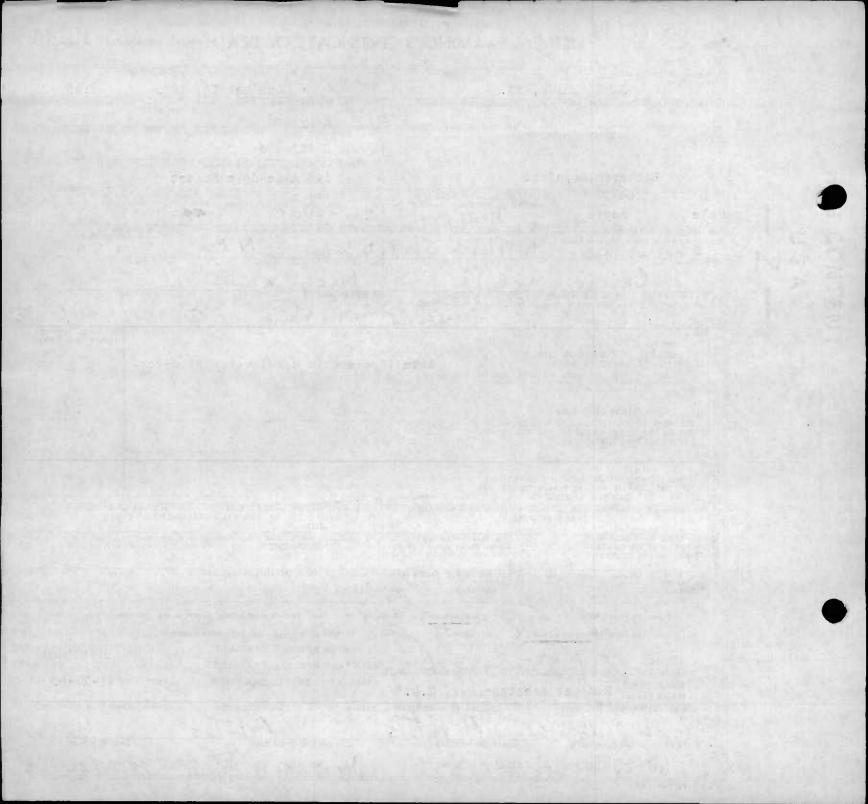


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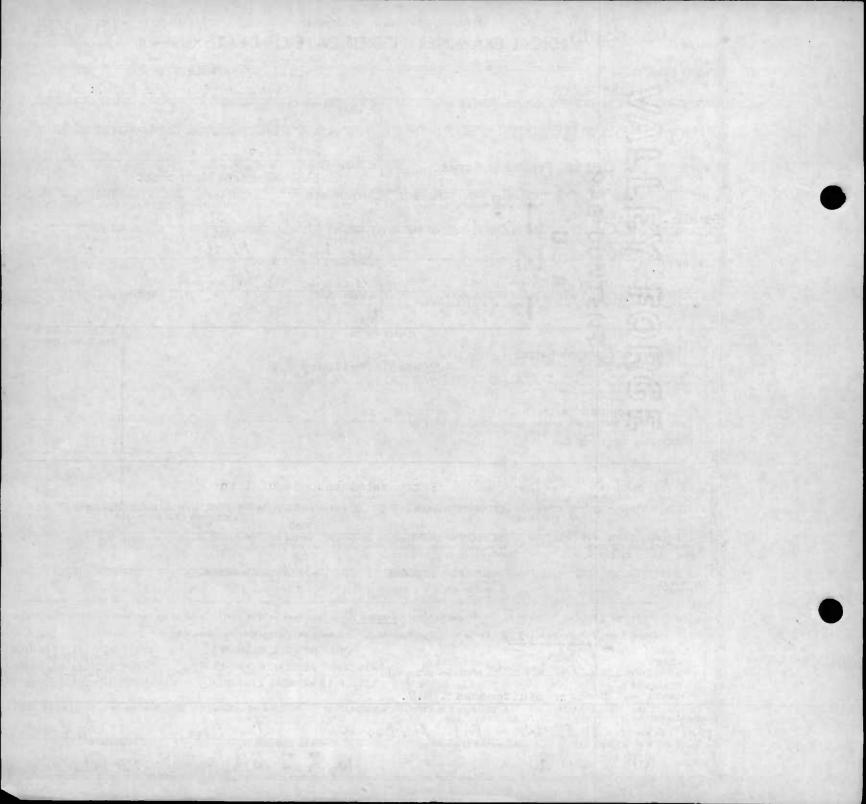
BALTIMORE CITY HEALTH DEPARTMENT (55 4 94 4 9							
MRTH NO. 65 12143 M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered Na.	65 12143			
1 NAME OF DECEASED	Albert Rance	Holph 2. DATE AND	- 25-	5-1810 P.M.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		tution: residence before odmissian)			
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN, ((f outside city limits, write RURAL and give township)					
institution - fold with Baltemore							
Oniversity Hospital D. STREET ADDRESS (If rurol, give location) street							
	RIED, NEVER MARRIED WED, DIVORCED (specify) CED Crated		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 108, KIN) done during most of working life, even if refired) Truck Drues	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stole or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	1E				
Randolph Croun	er	Coro Sk	inner				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of servi	1 6. SOCIAL	7. INFORMANT		ADDRESS			
No	9/7-05-9547	Bladye Mos	led 1011 W.	Fusuk lin St			
18. / 144 / 1	CAUSE OF	DEATH	9 1411 11.1	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	1	+16)11 -	1:	ONSET AND DEATH			
LEADING TO DEATH	(A) Ofen	W Africal	Juliu				
(This daes nat meen the made of dying, heart foilure, asthenia, etc. It means the dise		0		minutes			
injury or camplication which coused death,)	a Aust	Mulnumus 2	in boths.	7700000			
ANTECEDENT CAUSES	DUE TO			,			
DISEASES OR CONDITIONS, if any, gi	The (C) Acuti	Symmation &	7-91	5 days.			
UNDERLYING CONDITION last.		Eh	randomy lits				
Z CONTRICTOR CONTRICTOR	TING	/					
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE						
19A. DATE OF OPERATION 198, CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
11/22/65 WAS PERFORMED	menial assurs.	N CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, olficetc.)	or obout 21 C. WHERE DID to bidg., INJURY OCCUR?	(II in Boltimore (City, give exact location)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	-			
OF INJURY (APPROX)							
22. I certify that (I) (this hospital) attend	22. I certify that (I) (this hospital) attended the deceased from						
that (I) (we) last saw the deceased alive	that (1) (we) last saw the deceased clive an 11-2-5 19 6.1 and that in(my) (aur) apinion death accurred an the date						
and haur and fram the causes stated abov	e. (I) (We) (did) (did nat) vic						
23A. SIGNATURE	01.1.1		2	3B. DATE SIGNED			
Heliel F. Wasselm.D. Attending Med. Stoll Phys. 11-25-65							
23C. PHYSICIAN'S NAME (Type) Nabil F.	WARSAL M.D.	D. ADDRESS Uncelle	S. X	lesp			
24A. BURIAL CREMATION, 24B. DATE 24	town, or county) (State)						
Buties Nov. 29/65 Wastern Stan Cem. Contonovilla Mit.							
25A. DATE RECID BY HEALTH DEET. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	111	ADDRESS 3/9 M			
Williams Thrend Home Schroeferst							



BIRTH NO.	MED MED	ICAL EX	XAMINER'S CI	ERTIFICAT	E OF D	EATH Registe	red Na. 65	5 12144	
M.E. CASE NO.									
1. NAME OF D	ECEASED					HOUR PRONOUNC			
	JAMES WHIT					ber 26, 196		8:45 P _M .	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE		deceosed lived. If insti B. COU	itution: resident	ce before odmission)	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)			Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
			Baltimore						
0				D. STREET ADDRE					
4	Lutheran Hospi	tal		518 Allendale Street					
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Months Do	Yr. If Under 24 Hrs.	
male	negro	į.	IARRIED	2-10-19	08	57			
	CUPATION (Give kind of world working life, even if retired)	NOB. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (5	tate or foreign	Country)	12. CITIZEN WHAT	OF COUNTRY?	
STEEL	WORKER	5.Th	Helem Skel	Windsor		N.C	u.	SA	
13. FATHER'S N.	AME			14. MOTHER'S MA	DEN NAME	-			
	George	Wh	116	MARL	1 WI	1,16			
	SED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
			213-07-6465	PATTIE W	UhiTe	518	ALLe	NdAle S	
1B. /	3-4-1		CAUSE	OF DEATH				ITERVAL BETWEEN	
RISE TO UNDERL	ANTECENDENT CAUSI S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST. II IGNIFICANT CONDITIONS E DEATH BUT NOT RE OR CONDITION CAUSING OF OPERATION 198. CON	CONTRIBUTI	THE	ZOA, AUTOPSY?	(Yes or No) [20B. IF YES. WERE FI	NDINGS CON	SIDERED	
0 0	198. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A, AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
O UNDERLYIN	NAL CAUSE WAS G□OR CONTRIB- AUSE OF DEATH.	hom etc.)		office bldg., INJURY	OCCUR?		ve exoct locot	ion)	
OF INJURY (APPROX.)	(Month) (Doy) (Yeo		21E. INJURY OCCURRED WHILE AT NOT AT W	WHILE	חראו פום M	RY OCCUR?	1945		
22. I c	ertify that I held an I	nquiry 🗌	Inspection X Aut	rapsy and	that on this	s basis, death in n	ny opinian		
res	sulted from: Natural ca	usesX	Accident Suicid	e Homicid	e U	ndetermined mann	er		
	17.71					AMINER			
ACTU		74/2	was Ch.	ASSISTANT ME				DATE SIGNED	
EXAM	NER'S Rudiger	Breiten	ecker, M.D.	ASSOCIATE ME		- marin	1	11-27-65	
23A. BURIAL C	REMATION, 23B. DATE		3C. NAME OF CEMPTERY &	CREMATORY	23D. LC	CATION (City,	town, or cour	nty) (Stote)	
BuriA	L 12-2-	24B, NAME	F) ChyT145	24C. FUNERA	L DIRECTOR	P4/65	ADE	M d	
N	OV 29 1965 R	Sub 2	Jankupa -	Mo er	THE CHO	Due TI	1701	LAUVENS	
VS 151-REV. 47	/1/65	7						- 1	

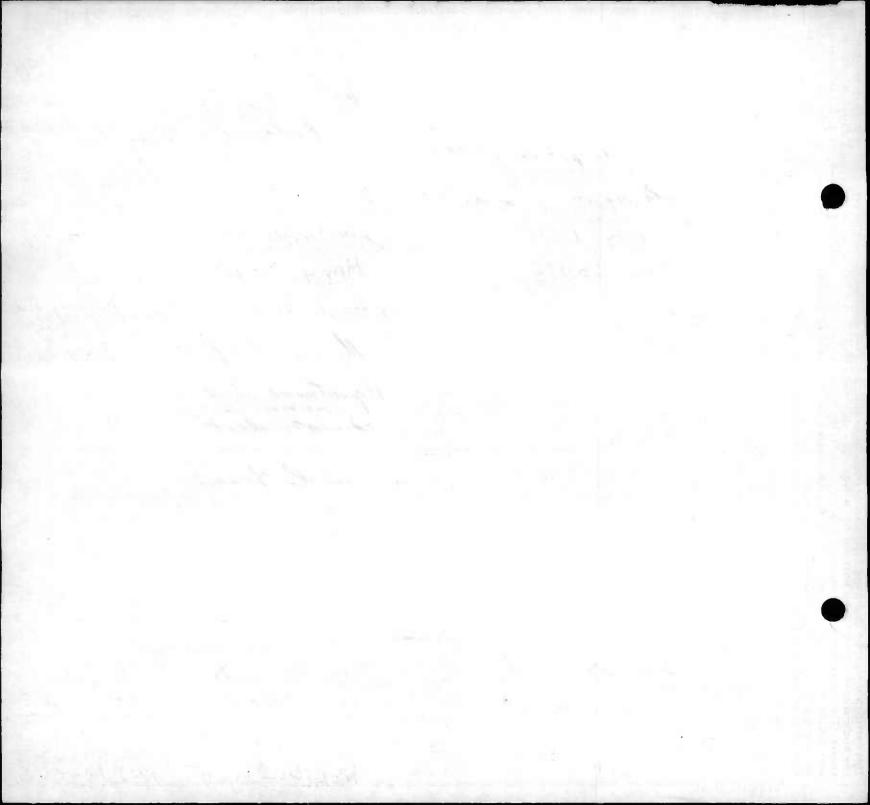


	TH NO. 65	1214 MED	ICAL EX	AMINER'S CI	ERTIFICAT	TE OF DEATH Registe	red No. 65 1214.	
-	E CASE NO.					2. DATE AND HOUR PRONOUNC		
(Ту	pe or Print)	MARY HINES				November 27, 19		
3. P	LACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. If inst	itution: residence before odmission	
CHILL NAME OF THE NOT IN LOCKITAL OR INSTITUTION CLASS STREET					C. CITY OR TOV	aryland NN (If outside corporate limits, write altimore		
0		1131 W. I	Franklin	Street	D. STREET ADDI	RESS (If rural, give locofian) 131 W. Franklin Sti	reet	
5. \$	1204	6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTI	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
10A dan	e during most of	working life, even if retired)		BUSINESS OR INDUSTRY	1.11 -1	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAM	David -	Pierc	e	ANNI	11111		
		ED EVER IN U.S. ARME (If yes, give war ar dat		16. SOCIAL SECURITY NO.	Mrs. Our	<u> </u>	ADDRESS	
	18.	2 3.	Chair as	CAUSE	OF DEATH		INTERVAL BETWEEN	
NO	DISEASES RISE TO TH	, osthenia, etc. It meon mplication which caused ANTECENDENT CAUS OR CONDITIONS, IF IE ABOVE CAUSE (A) SIGN CONDITION LAST.	deoth.) SES ANY, GIVING STATING THE	(B)				
ERTIFICATION	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSIN	ELATED TO T	G HE Fatty m	etamorpho	sis of liver		
CERT	19A. DATE O	F OPERATION 198. CO		WHICH OPERATION		? (Yes at Na) 208, IF YES, WERE FILL IN CERTIFYING CAU		
EDICAL	21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID (If in Baltimate City, give exact lacation) UNDERLYING OR CONTRIB- hame, farm, factory, street, affice bldg., INJURY OCCUR?							
Σ	21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Ye	V	VHILE AT NOT VORK	WHILE	OW DID INJURY OCCUR?		
	22. certify that I held on Inquiry Inspection Autopsy X ond that on this basis, death In my opinion							
	resu	Ited from: Netwool co	ousesXXX A	ccident Suicide	e Homici	de Undetermined monne	er 🗌	
	ACTUA SIGNAT	URE VO	rytur	my M.D.	ASSISTANT M	EDICAL EXAMINER EDICAL EXAMINER EDICAL EXAMINER	DATE SIGNED 11-27-65	
		Type) Rudiger						
REA	Burial	- 11-30	-65 23	MT. A46	arN	BA 140	, tawn, ar caunty) (State)	
244	A. DATE REC'D	10V 29 1965 (P. Crest	OF REGISTRAR	1 100 P	AL DIRECTOR	1701. Lauren	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

8.	LTIMORE CITY HEALTH DEPAR	TMENT	65 12146
M.E. CASE NO.	ERTIFICATE OF DE		00 12140
(Type or Print)	Ra	2. DATE AND HOUR OF DEATH	17:25 Am
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESID	B. COUNTY	titutian: residence befare odmissian)
FULL NAME OF (If nat in haspital or institution, give stree HOSPITAL OR address or location)	C. CITY OR TOY	Sult more VN (Knowside city limits, write R)	URAL and give township)
INSTITUTION	1 %	altimose .	
Sina: Hosp Hal & Bar	+ su re D. STREET ADDI	RESS (If rural, give location)	
Sina, 1705p/2 acrif 200	25	35 Shini	ey Ale
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVOR	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINES	OR INDUSTRY 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
GNOM Ployed	LANCA	ster Co. VA	U.S.A.
13. FATHER'S NAME	14. MOTHER'S N	AIDEN NAME	5.77
LOUIS COATS	MAYS	, Keysee	
15. Was Deceased Ever in U. S. Armed Farces? 16. SOC (Yes, no or unknown) (If yes, give war ar dates of service) SEC	RITY NO.		ADDRESS
ND 230	-03-5658 Hugh	FALLIN 253	5 Shirley Au
18. 260X1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	11	. Lul . let	Q UD.
(This does not mean the made of dying, e.g.,	DUE TO	recia- injerci, in	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	11 4	- 0	
ANTECEDENT CAUSES	(B) Hypecten	are autelissclent	Tid. 9 YRS
DISEASES OR CONDITIONS, if any, giving	DUE TO Cale	i or accular disease	G V d
rise la lhe abave cause (A) stating the UNDERLYING CONDITION last.	(C) 212/60	105 Mg/1448	7 7 8 3
_ 11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1	L dicease	
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH C			INDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WHICH C WAS PERFORMED	\/ C	IN CERTIFYING CAU	ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21B. PLACE (home, farm, etc.)	F INJURY (e.g., in ar about 21C. W) actory, street, affice bldg., INJURY	HERE DID (If in Baltimare OCCUR?	City, give exact lacotian)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E IN ILLEY	OCCURRED 21 F. HO	W DID INJURY OCCUR?	
S OF INJURY (APPROX.) While At Work	Nat While At Wark		
22. 1 certify that (4) (this hospital) attended the dece	111 -1	1965 to 1	1/37 1965
that (JE(we) last saw the deceased alive an	1		ion death accurred on the date
and haur and from the causes stated above. (I) (We) (
23A. SIGNATURE	To the fire bady at	101 0001113	23B. DATE SIGNED
han s. Shein	M.D. Attending M.D.	ed. Staff Phys.	11/27/15
23 C. PHYSICIAN'S	23D. ADDRESS	111/11. 4	1/2./05
NAME (Type)	M.D. S/X41	HOSPITAL OF	BALTIMONE
	EMETERY OF CREMATORY		y, tawn, ar county) (State)
B-11 B & Al 11-30-65 CAru	er Mein.	LAUrel	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS	RAR 25C. FUNERA	L DIRECTOR	ADDRESS
110 V 29 185 C. C. B. C. F.	MORT	SN F DURTT	1701 LAUrens
VS 150-REV. 1/1/65		J 7	



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BALTIMORE CITY HE	ALTH DEPARTMENT
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Registered No	65	121	47
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BIRTH NO.	45 1214	7 CERTIFICA	TE OF DEAT	H Registered No.	. 00 10131
M.E. CASE NO.	ASED	. *	2. DA	TE AND HOUR OF DEATH	1
4.00	Vinginia	Dradley		11-26-65	7 2
	TH IN BALTIMORE MA		14. USUAL RESIDENCE		institution: residence before admission)
			A. STATE B.	COUNTY	
FULL NAME O	F (If not in hospital	or institution, give street	mel		77-15
HOSPITAL OR	address at lacatio	n)	C. CITY OR TOWN	(If autside city limits, write	RURAL and give township)
P P	1 1 7	0 4 41 0	Baltimo	ve 12	
Moran	france don	eral Hospital	D. STREET ADDRESS	(If rural, give location)	
10 827	Luden	10515 aust	439	Schwartz	AVE
	14 54 55	To Adapting Military Adapting			V 1
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
1-	10	Widowed	8-25-98	3 67	
		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or fareign country)	12. CITIZEN OF
	varking life, even if retired)	V 1985	11		WHAT COUNTRY?
14005.	ewife		Vingi	NIO	OSA
3. FATHER'S NAM	1E		14. MOTHER'S MAIDE	NAME	
	7 Arch	o Kakain	Many	Rucker	
5 W 5	, H. Chi	- Mackey	1	110611-61	A = D = F = 0
Yes, na ar unknawn	Ever in U, S. Armed For Illf yes, give war ar date	rces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
001		217-18-1647	Hespi	tal Chart	
10 // //	0 1.	CAUSE O			INTERVAL BETWEEN
18.44	ZX			2 1 1	ONSET AND DEATH
	E OR CONDITION DI	RECTLY Property !!	1016	las Candet	Of sale
	LEADING TO DEATH	Marian Cere	had for cu	the veccount	Clashan 24 ms
heart failure	of meon the mode of osthenia, etc. It means	dying, e.g., DUE TO	1 1	110101	
	plication which caused		to -/11	16 18	1. 110
	ANTECEDENT CAUSES	sty per	leasen vai	1 Wiscalar Unaj	was gears
		DUETTO	0 0	1-1	- /
	R CONDITIONS, if above cause (A)		and en of	Menoderne	2 boars
	CONDITION last.	sie in section	con year		
	- 11		0		3
Z OTHER SIGNIE		CONTRIBUTING			
E TO THE DI	EATH BUT NOT RELA	ATED TO THE			
	CONDITION CAUSING		1004	AL V con	
19A. DATE OF	OPERATION 198. CON	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or Na) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
			2	co-	
U 21A. ACCIDEN	T WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n ai obaut 21 C. WHERE I	OID (If in Boltimo	ore City, give exact location)
	TING CAUSE OF medical examiner)	home, faim, factory, street, of	thee bldg., INJURT OCC	J K?	
0					
OF INJURY	(Manth) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
€ (APPROX)		While At Not While At Work			
	-				
		l) attended the deceased from			
that (1) (we)	last saw the decease	d alive an 11 - 2 6	19 65 0	nd that in (my) (our) or	inion death accurred on the dat
		ted abave. (1) (We) (did) (did nat) v			
		red obove. (1) (we) (did not) (riew the body offer de	eatn.	
23A. SIGNATU	RE .	20		S. 11	23B. DATE SIGNED
1	. W. 52	M.D. Atte	s. Med. Director	Stoff Phys.	11-56-62
23C. PHYSICIA	N'S		23D. ADDRESS		
NAME (T	(pe)	1)	827 Lin	den Ave	7 \7 63
) M.D.		our mo	21201
24A. BURIAL CREA	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY	AD. LOCATION (C	City, town, or county) (State)
REMOVAL IS		C A. L -		N L T	NA 1
Dulinh	12-1-6	S Arbutus		Arbulus	Ma.

NOV 29 1965 VS 150-REV. 1/1/65

Polmo E, Fa

25C. FUNERAL DIRECTOR

ADDRESS

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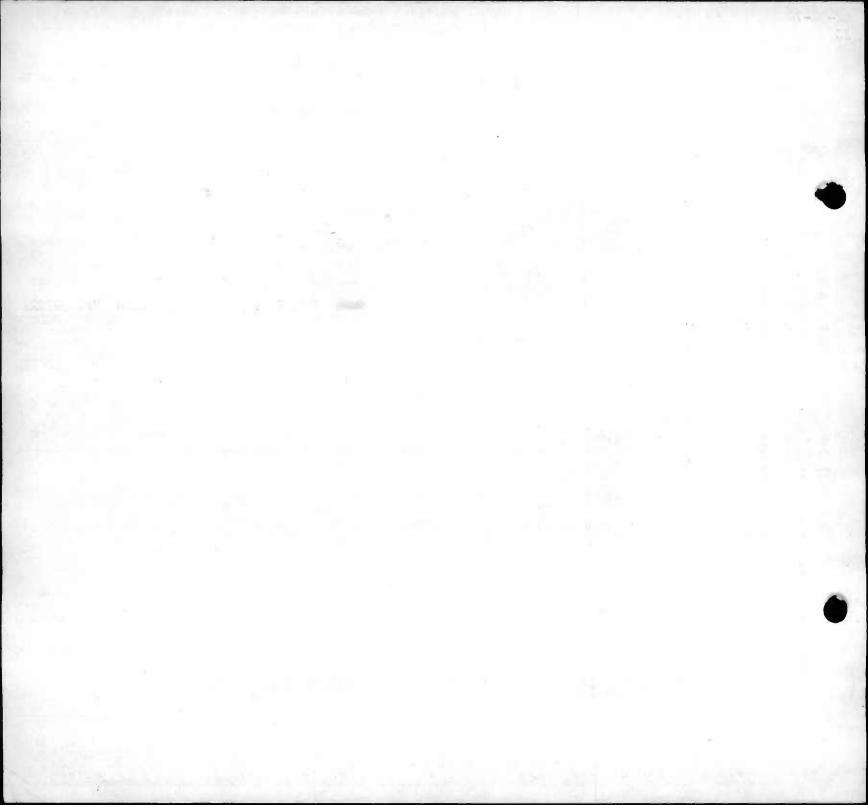
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Such		
death.		
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prior	e.	
deceased	sition is mad	
the	spo	
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rior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	proval must be obtained before the remains are embalmed or final disposition is made.	
regular	ire embal	
Ξ.	15 0	
ian was	e remair	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased p

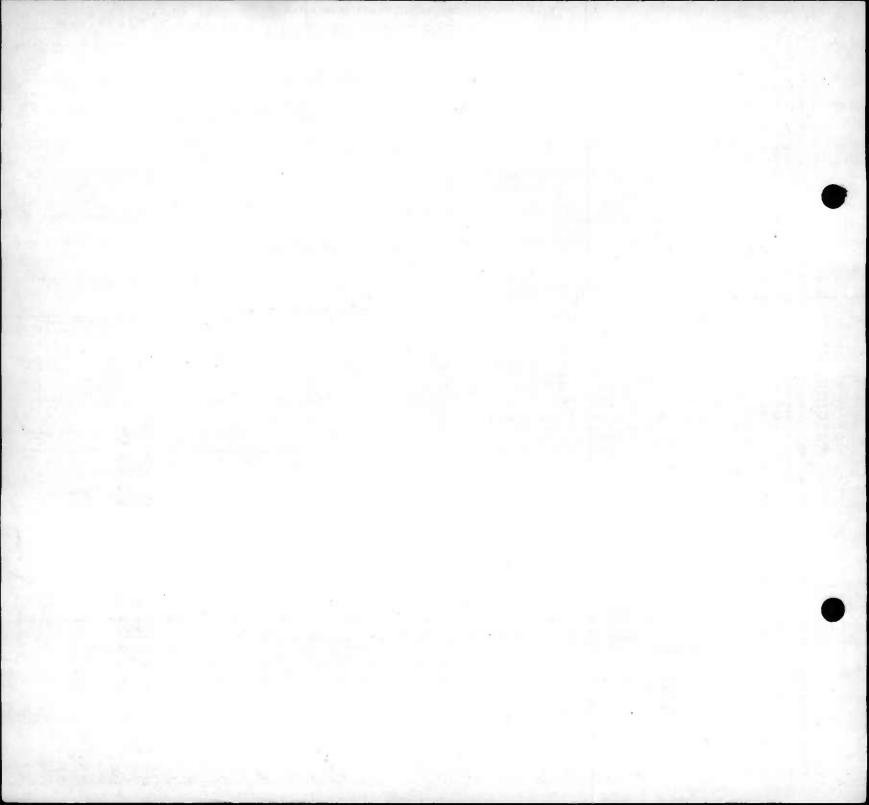
FUNERAL DIRECTOR: IMPORTANT

	A (15.15	BALTIMORE CITY	HEALTH DEPARTMENT		C5 40440
BI RT	M34365 12148	CERTIFICA	TE OF DEATH	Registered No.	65 12148
1. N	L CASE NO. JAME OF DECEASED OF Print! WILL'E Midd	Leton	2. DATE AND	7.65	19:15 F N
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	Ind. Bo	Itimou &	ity
	HOSPITAL OR oddress or locotion)	. 40	C. CITY OR TOWN (If outs	side city limits, write RUR	AL and give township!
0	Baltime lity 16	spelat	D. STREET ADDRESS. (If r	urol, give location)	15-3
	Interculueio Beis	lding	32/9-land	isle aux	212/6
5. 5	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)		ost birthdoy	Under 1 Yr. II Under 24 Hrs.
	USUAL OCCUPATION (Give kind of work 10 B. KINE aduring most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?
1000	Ame	CriCAN STAND	South Care	lina	4,59
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE .	
	Louis Middle	TON	MARY HA	arris	
	Wos Deceased Ever in U. S. Armed Forces? s.no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			RECORDS:	BCH 4940 EAS	TERN AVE. #21224
-	1B. 002/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	-t.	per cu lons		
	LEADING TO DEATH (This does not meen the mode of dying,	(A)	P.Cu.		1952
	heart failure, asthema, etc. It means the dise injury ar camplication which caused death.)		Silians		
	ANTECEDENT CAUSES	(0)	11/19/11		1940
	DISEASES OR CONDITIONS, if ony, gir	DUE TO ving			
	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)	250000 000 00 00 00 00 00 00 00 00 00 00		#*************************************
	II				
VIION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
RTIFICA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINING CAUSE	DINGS CONSIDERED S OF DEATH?
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(II in Boltimore C	ty, give exoct locotion)
EDIO	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
2	(APPROX.)	While At Not While Work At Work			
	22. I certify that (f) (this hospital) attend			9 64 to N	ev 27 1965
	that (I) (we) lost saw the deceased alive				n death occurred on the dot
	and hour and from the couses stated abov				
	23A. SIGNATURE			23	B. DATE SIGNED
	My h many	M.D. Atte	ending Med. Director	Stoll Phys.	11/27/65
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS B.	ti	X 11
C.1	Stephen in lany	L Jr. M.D.		-/	4 hoston
247	REMOVAL (Specily)	C. NAME OF CEMETERY OF CRI	EMATORY 24D, LC	CATION (City.	town, or county) (State)
1	SureiaL 12-1-65	HIDITUS	- Idr	Dulus	MI
1	9	134140	Tone of the second	47717	7 7 4
254	A. DATE REC'D BY HEALTH DEPT. 258. NA	MEOF MEISTON HA	25C. FUNERAL DIRECTOR	0.7	ADDRESS
25A	9	ME OF MEISTAR	No How &	Diett 1	ADDRESS 1701 LAURENS



by the chief medical examiner or his assistant if deat

BALTIMORE CITY HEALTH DEPARTMENT 65 12149 Registered No. BIRTH NO. ERTIFICATE OF DEATH a hospital and the of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) E O 0 6 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decoosed lived, if institution; residence before admission)
A. STATE
B. COUNTY ance A. STATE cause FULL NAME OF (If not in hospital as institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township ŏ 0 atten prior D. STREET ADDRESS (If rural, give lacation) contributing death occurred made. regular 5. SEX . MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 6. RACE deceased Hours WIDOWED, DIVORCED (specify) lost birthday) -2-07 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition 2 done during most of working life, even if retired) 0 115 lomesti Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct LO death kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular injury at complication which caused death,) ANTECEDENT CAUSES who GIB DISEASES OR CONDITIONS, if any, 3 to the above cause (A) stating the UNDERLYING CONDITION lost. physician obtained before the remains medical burns; No physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Body 198 CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 WAS PERFORMED DENGICI S Acut by 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (2) 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the body was released to the hospital MEDICAL DEATH Inotify medical examiner nature; be approved by 21 D. TIME (Month) (Doy) (Year) (Hour) 21 & INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from death); pe that (1) (we) lost sow the deceased alive on. ond that in(my) (our) opinion death occurred on the date of hospital and hour and from the couses stated above. (11) (We) (did) (did not) view the body ofter death. must (1) An accident 23A. SIGNATURE 23B. DATE SIGNED This certificate must Attending Stoff Med. M.D. 0 Phys. Director Phys. written approval 0 23C. PHYSICIAN'S 23D. ADDRESS deceased prior at M.D Henry H. Bohlman was D.O.A. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) shows: 258, NAME OF 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



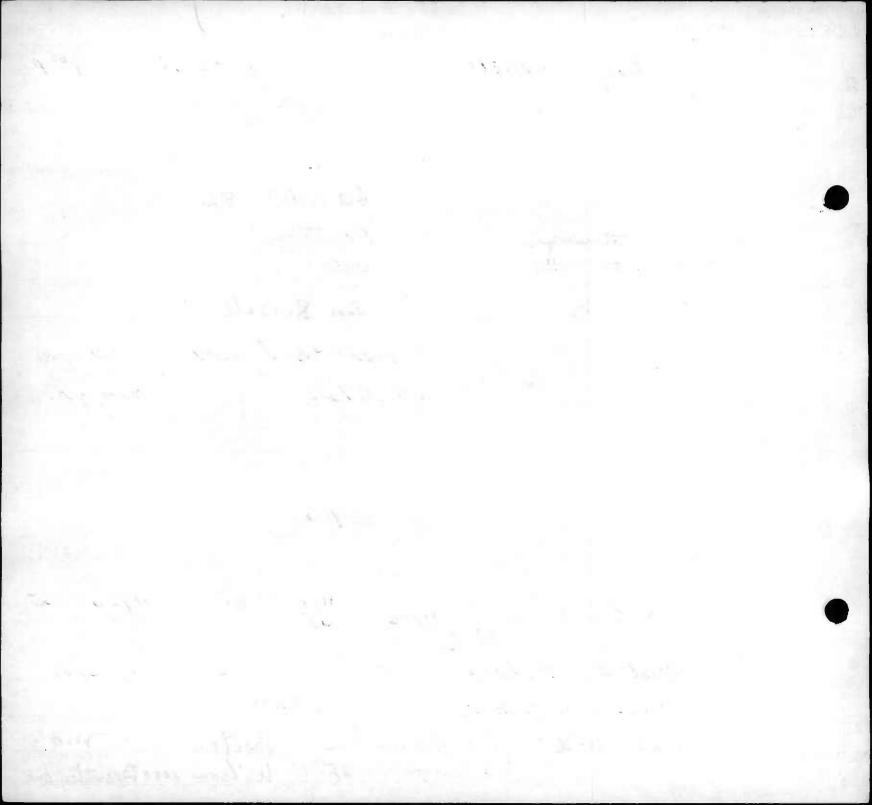
BALTIMORE	CITY	HEALTH	DEPART	MENT

12150

CERTIFICATE OF DEATH

Registered No. 65 12150

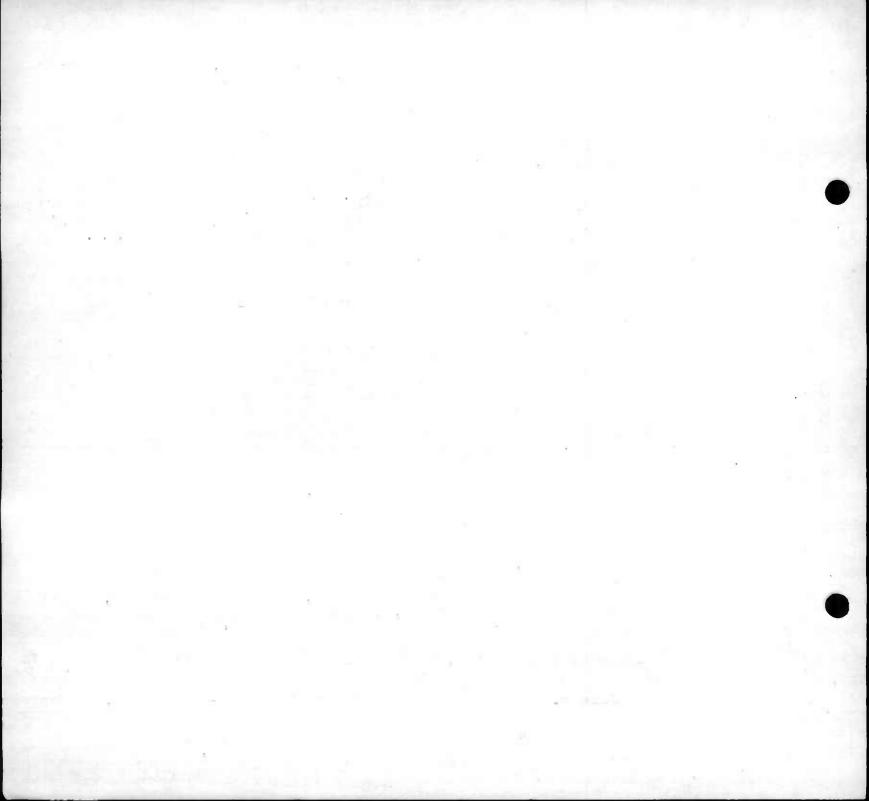
NAME OF DECEASED	11	12	DATE AND HOUD OF DEATH	4
ype or Print) Mary KU	1/922		11/26/6	5 900 0
PLACE OF DEATH IN BATTIMORE, MARYLAN	D	4. USUAL RESIDE	ENCE (Where deceased lived, If	institution: residence before admissia
			ORE MARYLAND	(n=0)
FULL NAME DF (If not in haspital ar insti HOSPITAL OR address ar lacation)	tution, give street		'N (If autside city limits, write	RURAL and give township)
THE LOUIS HODILAN	CHOCDITAL	BALTIM	ORE	
THE JOHNS HOPKINS	5 HUSPITAL	D. STREET ADDR	ESS (If rural, give lacation)	
		108 N.	CHAPEL STREE	T
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
	DOWED, DIVORCED (specify)	Dest. 11.	1883 82.	
A. USUAL OCCUPATION (Give kind of work 10B. K)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ne during most of working life, even if retired)		Brothe	nove mel	11 9 4
FATHER'S NAME		14. MOTHER'S M		14.4
Makin Thomas Dooris		Annie		
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknown) (If yes, give wor or dotes of se			2 11	
no			Russell.	INTERPOLATION OF THE PROPERTY
18.422,1		OF DEATH	1 . 1 .	ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		and Tais	knot Caillers	consist was
(This does not mean the made of dying	e.g. DUF	ngerion	reun pouern	severa yv.
hearf failure, asthenia, etc. If means the d	isease,	20.		
injury as camplication which caused death	.,	SCVD.		many us.
ANTECEDENT CAUSES	DUE TD			
DISEASES OR CONDITIONS, if any, rise fa fhe above cause (A) station				
UNDERLYING CONDITION lost.	9 1110 (C)		0 0 0 0 0 0 0 0 N M M M 0 0 M N M M M M	
DTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
		100.4	- /V - N - 00B - 15 - W-0	
198. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B, IF YES, WER	AUSES OF DEATH?
21) ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in as about \$10 WH	AFRE DID (If in Rolling	are City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	hame, form, factory, street,	office bldg., INJURY	OCCUR?	die etty, give exoct locollon
21D. TIME (Month) (Day) (Year) (Hou	ut) 21E INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?	
OF INJURY	While At Not WI			
(APPRDX.)	Work At Was			11/01
22. I certify that (1) (this hospital) atte	inded the deceased fram	11/.,	19 (D)ta	11/26 1963
that (1) (we) last saw the deceased ali-	ve an 11/26	19.65	and that in my) (aur) a	pinian death accurred an the d
and haur and fram the causes stated ab	pave. (1) (We) (did) (did nat)	view the bady of	ter death.	
23A. SIGNATURE	101			23B. DATE SIGNED
Wanted & Labor			ed. Stoff Phys.	11/26/65
23C.PHYSICIAN'S NAME (Type)	- CO COT .	23D. ADDRESS		1/00/
	ALLIMI D M.C	D	H.H.	
A. BURIAL CREMATION, 124B, DATE	24C, NAME of CEMETERY OF C	3	24D. LOCATION	(City, town, or county) (State
REMOVAL (Specify)	MIT A)	P	OH	- 1 - 1
120rial 11-30-65	111. HAPAY	N Cem.	15ACTO.	ADDRESS.
A. DATE REC'D BY HEALTH DEPT. 258. P	AME OF REGISTRAR	25C. FUNERAL		0 11
NOV 29 1965 (1.C.	and E domential	- t.	U. Wilson	1000 Branthey An



		TY HEALTH DEPARTMENT	
BIRTH NO. 65 12	151 CERTIFIC	ATE OF DEATH Registered	0.65 18151
M.E. CASE NO. 1. NAME OF DECEASED	02/(1/1/10	2. DATE AND HOUR OF DEA	TO THE TOTAL SEC
(Type or Print)	5044		1 7 10
3. PLACE OF DEATH IN BALTIMORE MARY		SE 11-24-65	/ : I U
3. PEACE OF DEATH IN BALLIMORE, MARI		A. STATE B. COUNTY	Committee desired delice dam
FULL NAME OF (If not in hospital or	institution, give street	MD	4/1
HOSPITAL OR oddross or location)		C. CITY OR TOWN (If outside city limits, w	ite RURAT (nd givo township)
A ST ACHES HOSPH	TAL	GLEN BURNIE	54-00
ST. AGNES HOSPI		D. STREET ADDRESS (If rurol, give location	
BALTIMORE, MARY	LAND	ROUTE 1 BOX 185	
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours
FEMALE WHITE	WIDOWED	6-8-07 58	
10A. USUAL OCCUPATION (Give kind of work 1)	B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if retired)	COCIAL CECUEL	T	
SECRETARY 13. FATHER'S NAME	SOCIAL SECURI	14. MOTHER'S MAIDEN NAME	<u>US</u>
	DECID)	ALMA EMMERT	4
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or datas	of sorvice) SECURITY NO.	17. INFORMANT	ADDRESS
NO	234 07 18	SO ST. AGNES HOSPITA	L RECORDS
18. / 7 / X	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION DIRE	CTLY	4-1-	ONSET AND DEAT
LEADING TO DEATH	(A)	news at e Jeneraliza	ca 29:1965-11
(This daes nat meon the mode of d	ying, e.g., DUE TO	netostatie Jenendyd of the wherine Cer	
injury at camplication which caused d		A Att whom was	19 19 - 1
ANTECEDENT CAUSES	(B)	e of the meme cer	V U /
DISEASES OR CONDITIONS, if an		V	
lise to the above cause (A) s			
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CO	NTDIRECTING		
E TO THE DEATH BUT NOT RELATE			
19A. DATE OF OPERATION 19B. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WI	RE FINDINGS CONSIDERED
EOSe + 196 WAS PERFO	RMED		CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g	, in or about 21C. WHERE DID (If in Bolt	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	home, form, foctory, street,	office bldg. INJURY OCCUR?	
S OF INJURY	(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not W		
22. I certify that (this hospital)	ottended the deceased from	10-3 19 65 10	11-24 19 (
that XIX(we) lost saw the deceased	olive on 11-24	19 65 ond that in (my) (our)	opinion death accurred on the
			Spon Sooth Seconds on It
ond hour and from the couses state	opove. W (we) (dld) (\$\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d	view the body offer deoth.	IOOR DATE SCALED
	M.D.	Attending Med. Stoff	23B. DATE SIGNED
Il archen	M.D.	hys. Director Phys.	11-24-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	- WIN 8150
	CHENA M	THE TATAL MGROSS HOS PET MA	RYLAND
24A. BURIAL CREMATION, 24B. DATE	43	REMATORY 24D. LOCATION	(City, town, or county) (S
REMOVAL (Specify) NOV 2 6	1085 TIN	HVEDSITY MEDICAL S	CHOOL
DEA DATE SECIO BY HEATEN DEST	Oly	(IVENSIII) PROPINCIAL SE	ADDRESS
25A. DATE REC'D BY HEALTH DEPT.	SB. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NUVZ9 1860 () P. R	- E failuin	UNIUKIUARY CEDI	Her north
VS 150-REV. 1/1/65	,	SEM!	100 150 118

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 65-2841 65 12152 Registered Na. CERTIFICATE OF DEATH r if death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased the Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo. November 17, 1965 9:15p M

4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY Baby of Annie Mee Myers 9:45p M. eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance (If not in haspital ar institution, give street Maryland FULL NAME OF O HOSPITAL OR (If outside city limits, write RUKAN and give township) INSTITUTION 10 Provident Hospital Baltimore prior 1514 Division Street D. STREET ADDRESS (If tutol, give tocotion) Baltimore, Maryland 21217 516 Wyeth Street regular mad . MARRIED, NEVER MARRIED If Under 1 Yr. Manths! Doys 9. AGE (In yeors 5. SEX 6. RACE B. DATE OF BIRTH If Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) last birthday) Male Nov. 17,1965 Negro single 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? = dane during most of working life, even if retired) none none Maryland U.S.A SD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 3 Michael Bennett Annie Mae Myers death O kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknawn) (If yes, give war ar dates of service) SECURITY NO. attendance Annie Mae Myers - mother none same any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH Immaturity fracture (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, the chief medical examiner regula injury or complication which caused death. me ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise to the above couse (A) stoting the physician the remains UNDERLYING CONDITION last, Was medical burns; Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital °N DEATH (natify medical examiner) any nature; obtained MEDI 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21 E. INJURY OCCURRED (9) pub approved (except Not While (APPROX.) At Work November November 17. 22. I certify that (I) (this hospital) attended the deceased fram. November 65 death); that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date of hospital the body was released must and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. shows: (1) An accident 23A. SIGNATURI 23B. DATE SIGNED Attending Phys. Med. Stoff November 19. 1965 prior to Director Phy s. approval 0 23C. PHYSICIAN'S NAME Type 23D. ADDRESS at 1514 Division Street-Baltimore Jose B. Corvera M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased REMOVAL (Specify) 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR



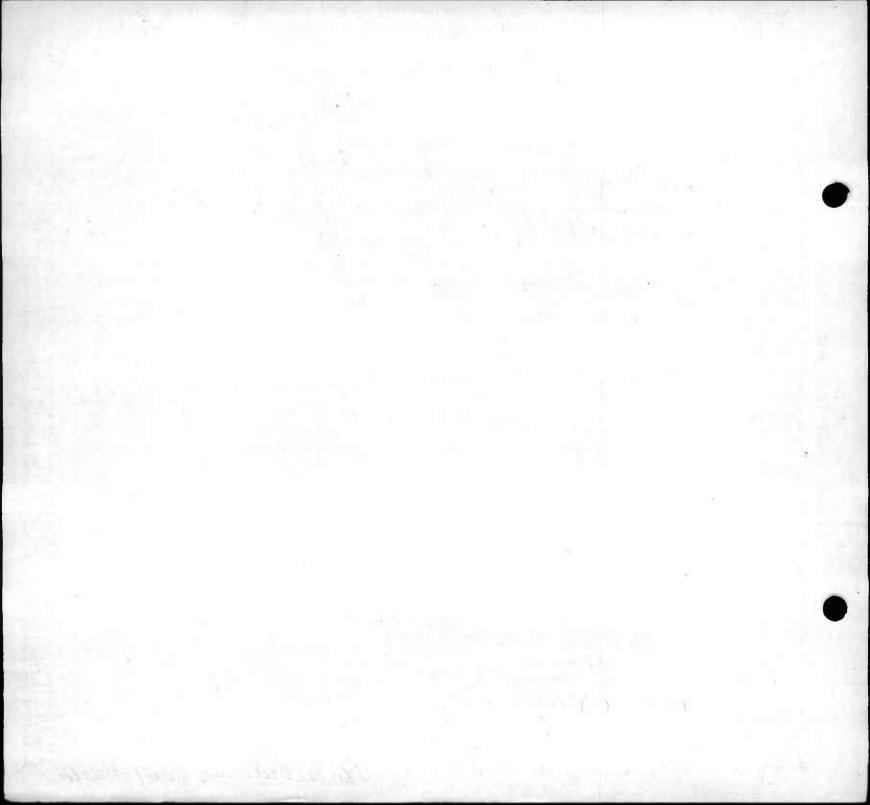
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	1.62 hlop 2	(1)	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO.	00 4614	10	CERTIFICA	ATE OF DEATH	Registered No	65 12153
M.E. CASI		ne to the	91 CERTIFICA			
Type or P	of DECEASED SCh	GNEL	MIAN	2. DATE A	MD HOUR OF DEAT	168/1825
PLACE	OF DEATH IN BALTIMORE, A	MARYLAND		4. USUAL RESIDENCE (Who	ere deceosed lived. If	institution: residence before admissi
FULL N	AME OF (If not in hospil	ol or institution, gr	ve street	A. STATE M. COUL	NIT	27-05
INSTITU		11. 00 %	4/	C. CITY OR TOWN (If or	utside city limits, wnt	e RURAL and give township)
7	SINAI	105P1	AL	39411	MORE	
	Balte	mere, 1	71	D. STREET ADDRESS (III	Pinewo	of Ave
S. SEX	6. RACE		DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
IOA, USUA	L OCCUPATION (Give kind of w	ork 108. KIND OF	BUSINESS OR INDUSTR	Y 11. BURTHPLACE (Stole or fore	eign country)	12. CITIZEN OF
How	most of working life, even if retired	1)		BAITT	MORE	WHAT COUNTRY?
3. FATHE	RS NAME	4		14. MOTHER'S MAIDEN NA	ME A	
FP	EN ERICL I	MEVE	P	- 7	1/2	LEGEL
5. Was D	eceased Ever in U. S. Armed	Forces?	1 6. SOCIAL	17. INFORMANT	ULH.	ADDRESS
Yes, no or u	inknown) (If yes, give wor or d	otes of service)	SECURITY NO.			ADDRESS
				HU.SBAND		AMC
18.	160X 1		CAUSE	OF DEATH		INTERVAL BETWEEN
-	DISEASE OR CONDITION			2 17/11	11 0	ONSET AND DEATH
	LEADING TO DEAT	• •	(A)	esprose Estret al	lan blaca	ee
	daes nat mean the made foilure, asthenia, etc. It mean		DUE TO			
	ar camplication which caus			1) 15	1111111	
	ANTECEDENT CAUS	ES	(B)	serve tella	000000	
DISEA	SES OR CONDITIONS, if	any, giving	DUE TO			
rise	la lhe abave cause (A		(C)			
UNDI	RLYING CONDITION last.					
E to	R SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE	LATED TO THE	1740	cardial infaire	ton	
U 19A.D	ATE OF OPERATION 198. CO		HICH OPERATION	20A-AUTOPSY? (Yes or N	all 208 IE VEC WEB	E FINDINGS CONSIDERED
2-	WAS P	ERFORMED	THE OPERATION	765		AUSES OF DEATH?
OR CO	CCIDENT WAS UNDERLYING DITRIBUTING CAUSE OF (notify medical examiner)		LACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
□ 21 D. TI	ME (Month) (Doy) (Yeo	r) (Hour) 21E, I	INJURY OCCURRED	21 F. HOW DID IN.	IURY OCCUR?	
OF IN		While	e At Not Wh	ile		
		Work		· L		
22. 1	certify that (1) (this hospit	rol) attended the	deceased from		19 6.5 to	11 26 19 6
thot (l) (we) last sow the decea	sed olive on	11/2	19 ond th		plnian death occurred an the d
ond h	our and from the couses st	toted obave. (1)	(We) (did) (did not)	view the body ofter death.		
23A. \$1	GNATURE	. 12	11			23B. DATE SIGNED
	an condict of	Lely	Elg M.D. At	tending Med.	Stoff Phys.	11 266
23 C. PH	YSICIAN'S		7	23D. ADDRESS	111/3.	
N.	AME (Type)	J. Fer.	Tz bergm.D.	5.	de	Sall
144 51121	L CONGRO	1		168	28,7	Mellenvil
AA BIID				TALATORY DIO		
PENC	OVAL (Specify) 248. DATE	24C. NA	ME of CEMETERY OF CE	ZAD. L	OCATION	City, town, or county) (State
130	OVAL (Specify)	165 /	ME OF CEMETERY OF CH	men .	BALON	City, town, or county) (State
130	RIAL 11/29	24C. NAM 25B. NAME OF	MORELAND	Men - L	BALTO.	Mo
NOV	RIAL 11/29	165 /	MORELAND	mem - k	PALTO.	City, town, or county) (State MD ADDRESS LOGOT Harford)



	BA	LTIMORE CITY	HEALTH DEPARTMENT		
M.E	L CASE NO.	ERTIFICA	TE OF DEATH	Registered No.	5 12154
(Typ	De or Print) KNOEPP CON	LRAD	perge 11/	24/65	3,40
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street		A. STATE B. COUN	re degleosed lived. If institu	otion: residence before admission
1	HOSPITAL OR oddress or location) NSTITUTION	1/1-	C. CITY OR TOWN , (If our	side city limits, write RUR	AL and give township)
1	Chion Menoral 6	Jospila	D. STREET ADDRESS (III)	an oak	he
5. 5	6. RACE 7. MARRIED, NEVER A WIDOWED, DIVORG	AARRIED CED (specity)		9. AGE (In yeors lost birthdoy)	Under 1 Yr. If Under 24 Hrs onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B KIND OF BUSINES of during most of working life, even if retired)	OR INDUSTRY	11. BIRTHPLACE (Stope or forei	gn country) ore Md.	2. CITIZEN OF WHAT COUNTRY?
3.	FATHERS NAME Charles Knoe	MP	14. MOTHER'S MAIDEN NAM	ME Schul	
Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (U. yes, give wor or dotes of service) NICO	RITY NO.	17. INFORMANT		ADDRESS
	18. 33/ X I	CAUSE OF	. /	. 0 -	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) (D	ubal Va	sent on	11/15/65
	(This does not mean the made of dying, e.g., heart tailure, asthenia, etc. It means the discose,	DUE TO	feered out	for	
	ANTECEDENT CAUSES	(B)	Massive	Cohesin	+ u/29/1
	DISEASES OR CONDITIONS, if ony, giving	DUE TO	Harmon	mage.	/05
	rise to the abave couse (A) stoling the UNDERLYING CONDITION last.	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	II				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	20A. AUTOPSY (Yes or No	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE Cohome, form, f	F INJURY (e.g., in octory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exoct location)
_	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY (APPROX.)	Not While	21F. HOW DID INJ	URY OCCUR?	1
	22. I certify that (this hospital) attended the decea	At Work	1/15/65	19 to #	124/65,0
	that (I) (well lost sow the deceased alive on	129/6			n death occurred on the do
	ond haur and from the couses stated above. (1) (#c)	id) (dod op) v	Diew the body ofter death.		
	23A. SIGNATURE	M.D. Atte	nding Med. Director	Stoff Phys.	B. DATE SIGNED U24/64
	GODFREY GEHOFREY		23D. ADÓRESS	Kemo	ink dople
24A	DEMOVAL (Specify)	EMETERY OF CRE	MATORY 24D. LO	Salp ne	town, or county) (Stote)
25A	. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR	250 FUNERAL DIRECTOR	July 9	APDRESS PA
	NUV Z 9 1965 Ot Just E Takken	Pla Town	1762 100012	Cerus land	7 Hr. 11-



	AME OF DECEA	SED				0		2. DATI	AND HOU	OF DEATH		
(Тур	e or Print)	RCY	1 +	COD	ORE	SHAN	NE	N	00, 2	7 19	651	7:4
3. P	LACE OF DEATH		MORE, MA	RYLAND						ed lived. If i	nstitution:	esidence before
		***					1	0. 0				
H	OSPITAL OR	oddies	s or location	n)	on, give street		C. CITY	R TOWN	Baltim	limits, write	RURAL on	d give township
1	NOTITUTION				11		To the	bodlawn			100	2-10
	MALL	N IV	EM	ORIA	L HOS	PITAL		ADDRESS	(If rural, giv	e location)		1 (2)
1	01019	(N		- 14(),			11	029:	ING	LESIL	DEA	UE.
5. \$	EX 6.	RACE			ED, NEVER MA		B. DATE O	F BIRTH	9. AGE	In yeors	If Under	
	M	WH	271	(3.6	WED, DIVORCE	ED (specify)	FEE	21.9	lost birth	doy) 19	Months	Doys Hours
10A.	USUAL OCCUP					OR INDUSTRY	11. BIRTHE	LACE (State of	foreign count	ry) 0 (12. CITI	ZEN OF
done	during most of wor	rking life, ev			0		-pro-				WH	AT COUNTRY?
	fired - nR		state	UETE	erans A	torm,	-	-LINO!			(いろった。
13. F	FATHER'S NAME				0		14. MOTH	ERS MAIDEN	NAME	1 .		
	MERRI	CK (SEOY	RGE	SHAU	JE	CA	RRIE .	JULIZ	HA-	ZLE	TT
15. V	Was Deceased Ex	ver in U. S.	Armed Fo	rces?	1 6. SOCIA	L ITY NO.	17. INFOR	WANT				ADDRESS
	Yes		d War		1 C	iii No.	Mo	& NEI	LIE MI	6 San	ME	- 54
	18. // 4	MOLI	d Mat.	_		CAUSE O	F DEATH	-11. Gh	-1601	- Ong	~ ~	INTERVAL BET
	70	OF COM	DITION DI	PECTIV		Kinh	Awa	of an	Aci			ONSET AND
			O DEATH			1-1/		1 an	lun	m		
	(This does not					DUE TO		***************				
	heort foilure, os	lhenio el	. II means	the diser	158	*	1					
					, 30,		A-0-	acel.	111	1		
	injury or compli	icalian wh	ich caused	death.)	,30,	(B) /tv	Hen	i sele	ori	4	7.1	
	injury ar compli	icalian wh	T CAUSES	d death.)		(B) DUE TO	Hen	i sele	on	to	ne	T
	injury or compli	ITECEDEN CONDIT	ich caused T CAUSES IONS, il	d death.) S ony, giv	ing		Hen	rosele	or	Xi	7 C	7
	injury or compli AN DISEASES OR	CONDIT	T CAUSES TONS, if ause (A)	d death.) S ony, giv	ing	DUE TO	Hen	is sele	ori	Xi	ne	
	DISEASES OR	CONDIT	T CAUSES TONS, if ause (A)	d death.) S ony, giv	ing	DUE TO	Hen	is sele	si.	X	ne	
NOI	DISEASES OR rise to the UN DERLYING	CONDITION CONDITION CONDITION CONDITION CANT CONDITION CANTAGORY CONDITION CANTAGORY CANTAGORY	T CAUSES IONS, if ause (A) IN last.	ony, giv	ing Ihe	DUE TO	Hen	ro sele	si.	X	nc	
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IFICATION	DISEASES OR rise to the UNDERLYING	CANT CONDITION	T CAUSES IONS, if ause (A) IN last. HOLDONS (NOT REL. CAUSING	ony, giv slaling CONTRIBU ATED TO	ing Ihe	DUE TO	1 1	To Sale	01 No) 208, II	F YES, WERE RITETING CA	FINDINGS AUSES /OF	CONSIDERED DEATH?
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THIS CASE HAS BEEN RELEASED ON APPROVAL BY DR. PETTY OF THE MEDICAL EXAMINER'S	PUNERAL DIRECTOR: IMPORTANT	ate	ody was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	rs: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Approximately the state of the
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BALTIMORE CITY HEALTH DEPARTMENT 65 12156 Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) ERALD L. BECKWITH 11-24-65 5:50PM 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE NEW YORK (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or tocotion) C. CITY OR TOWN (If outside city timits, write RURAL and give township) INSTITUTION CORNING THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) DAVIS ROAD ROUTE If Under 1 Yr. If Under 24 Hrs. Hours Min. 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH Hours WIDOWED, DIVORCED (specify) lost birthdoy) MARRIED 7-8-21 MALE WHITE tOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working fite, even if retired) Painted Post, N. Y. Machinist Corning Glass Co. USA 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME GERALD H. BECKWATH HAZEL THOMPSON 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 1 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service)> Yes World War 2 Hospital Records CAUSE OF DEATH INTERVAL BETWEEN trl ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) CARDIA PULMONARY CONAPSC DUE TO Hyper bilirubin emia (B) Hyper hemoglobinemia LEADING TO DEATH (This does not mean the made of dying, e. heart failure, asthenia, etc. It meons the disease, injury as camplication which coused deoth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving5 Pheumatic Heart Disease the rise to the obave couse (A) stoting UNDERLYING CONDITION last. + senguy - phiation OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE eurped balas, Replacement DISEASE OR CONDITION CAUSING IT. 20A, AUTOPSY? (Yes or No) 208 IF YES, WERE FINDINGS CONSIDERED 198 CONDITION FOR WAICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? DERLYING 216. CLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 11/15/65 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) DEATH (notily medical examiner) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from..... 11-13-65 .19ta..... 11-24-65 that (I) (we) last saw the deceased alive an 11-24-65 _____19____and that In(my) (aur) aplnian death occurred an the date ond haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATUR 23 B. DATE SIGNED Attending Stoff Med. M.D. 11-24-65 Phys. Director ___ Phys. X 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type HOLMES M.D. THE JOHNS HOPKINS HOSPITAL 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Corning, N.Y. Removal 11/26/65 25B. NAME OF REGISTRAR This of the b show was dece 25C, FUNERAL DIRECTOR Sicherer + Sous Morth + Pa avia William & VS 150-REV. 1/1/65

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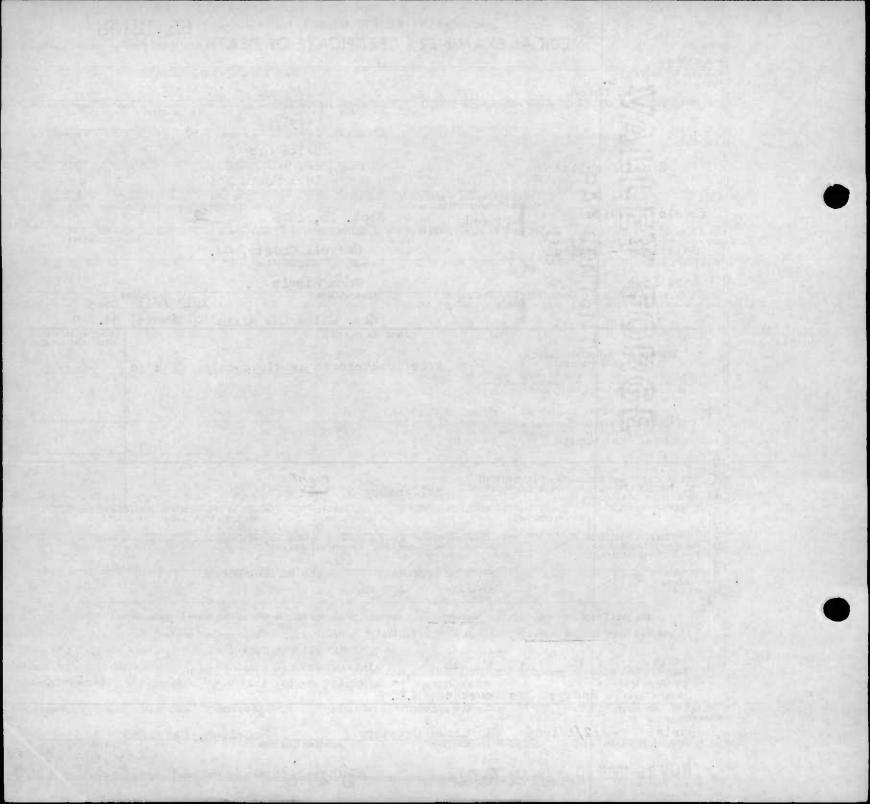
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. RTH NO. CERTIFICATE OF DEATH .E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH ype or Print) November 25, 1965 Leatherbury Letty Kay PLACE OF DEATH IN BALSMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) **INSTITUTION** Baltimore D. STREET ADDRESS (If rurol, give location) Union Memorial Hospital 2900 Guilford Avenue SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours lost birthdoy WIDOWED, DIVORCED (specify) 6/8/1888 Female White Married DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? one during most of working life, even if retired) White Haven, Md. Saleswomen Department Store 3. FATHER'S NAME 14. MOTHERS MAIDEN NAME Lillian William Leatherbury . Was Deceased Ever in U. S. Armed Forces? 2900 Guilford Avenue 6. SOCIAL SECURITY NO. 17. INFORMANT es, no or unknown | (If yes, give wor or dotes of service) No 216+07-3714 Baltimore, Md. 18 None Mr. George L. Kay 8 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dynas lean heart failure, asthenio, etc. It means the discossion of days). injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, stoling the to the above cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY le.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examination 21 D. TIME (Month) (Doyl (Year) (Hourl 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work ALWORK EN 22. I certify that (I) (this baspital) attended the deceased fram and that In (and apinian death accurred on the date that (1) (we) last saw the deceased alive on. 19 and haur and from the causes stated above. (1) (Ma) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Med. Stoff Attending Phys. Director Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) N CALVER 4A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Burial Mount Vernon Cemetery Princess Anne, Md. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR



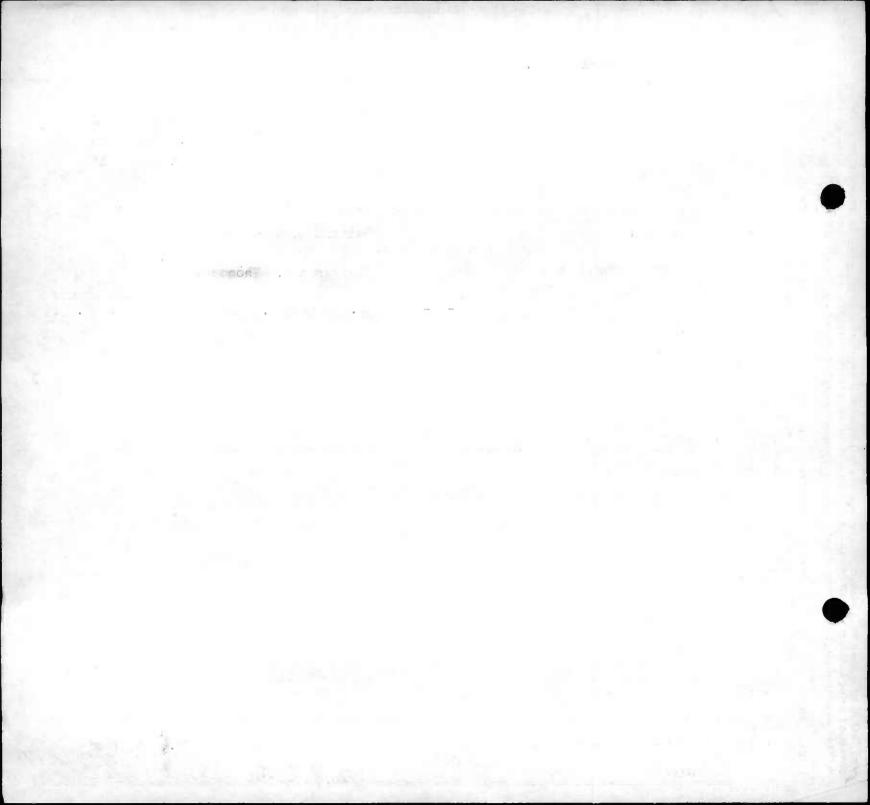
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				A-1-1			
Amos Lowe WAS DECEASED EVER IN U.S. ARMED	EODCES?	16, SO CIAL	Anna Harris		ADDRESS		
s, no or unknown) (If yes, give wor or date:		SECURITY NO.			Sou th Ros		
		THE THE REST	Mrs. Catherine	Ellis Baltin	more, Md.	. 9	
18.	1	CAU	SE OF DEATH		INTE	RVAL BETWEE	
DISTASE OR CONDITION DE	TOTI V				ONS	ET AND DEA	
DISEASE OR CONDITION DIE	CECILI	Arteri	osclerotic cardio	vaccular die	02802		
(This does not mean the mode of	Auto-	(A) L C C L I	obcierocic carato	vasculat ula	case		
	dying, e.g.,	DUE TO					
heart failure, asthenia, etc. It means	the disease,	DUE TO					
heart failure, asthenia, etc. It means injury or complication which caused a	the disease,	DUE TO					
heart failure, asthenia, etc. It means	the disease, death.)	DUE TO					
heori failure, asthenia, etc. It means injury or complication which caused a ANTECENDENT CAUSE. DISEASES OR CONDITIONS, IF A	the disease, death.) S NY, GIVING	(B)					
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

,65, 18	159 BALTIMORE CIT	Y HEALTH DEPARTMENT	0	10150
M.E. CASE NO. /70 205	CERTIFICA	TE OF DEATH	Registered No. 65	12159
1. NAME OF DECEASED (Type or Print) Hazel I	. White	2. DATE AND	11-24-65	1040
3. PLACE OF DEATH IN BALTIMORE, MARY	AND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased tived. If institution	on: residence before odmi
UCCOTAL OR	institution, give street	C. CITY OF TOWN (II outs	ide city limits, write RURAL	ond give township)
Dinai Hos	2/14/	D. STREET ADDRESS (If ru	eurol, give location)	
Hr Baltim	irl, Md.	3/14 V	4/10 AVE.	15
5. SEX 6. RACE 7.	WIDOWED, DIVORCED (specify)		AGE (In years of Mon	Jnder 1 Yr. II Under 2 oths Doys Hours A
10A, USUAL OCCUPATION (Give kind of work) of done during most of working life, even if retired) Housewife	B, KIND OF BUSINESS OR INDUSTR	Baltimore, Mary		CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHERS MAIDEN NAM		
Percy Saunders	ALAS.		hompson	
15. Was Deceased Ever in U. S. Armed Ferces (Yes, no or unknown) (II yes, give wor or dates	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	3114 V	ylie Avenue
No None	215-09-8366	Mr. Stanley A.		ore, Md. 15
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the obove couse (A) s UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS COID TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	oling The (C)	100000000000000000000000000000000000000		
19A. DATE OF OPERATION 19B. CONDI		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City,	, give exact location)
21D. TIME (Month) (Doy) (Year)		21F. HOW DID INJU	RY OCCUR?	
(APPROX.)	While At Not Wh		The second secon	
22. I certify that IF(this hospital) that (I) (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	d abave. (I) (Ma) (did) (did not)	19 and tha	9 1a apinlan 1238.	death accurred an the
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	1007	OCATION (City, to	wn, or county) IS
Burial 11/27/19	65 Garden of Faith	Cemetery Bal	Ltimore Co., M	
NOV 2 9 1965	SE NAME OF LEGISTIAN	25C. FUNERAL DIRECTOR	. 0 . 1	Bulto ; The
VS 150-REV. 1/1/65	at the state of th	woh. J. whi	antrono 1	with the



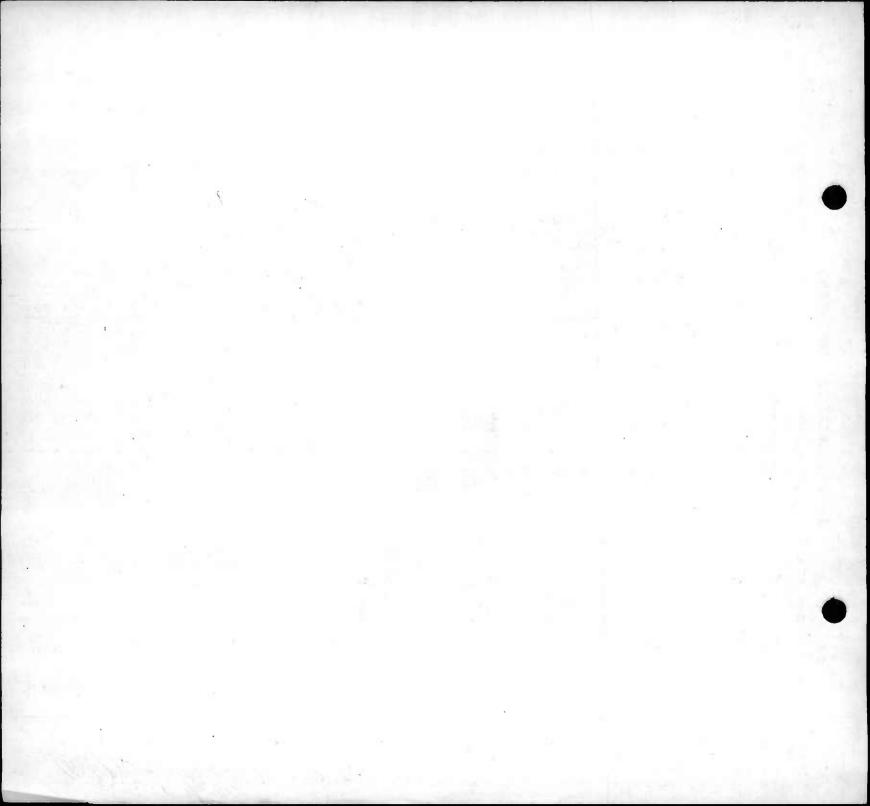
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prior to death.

Hospital and

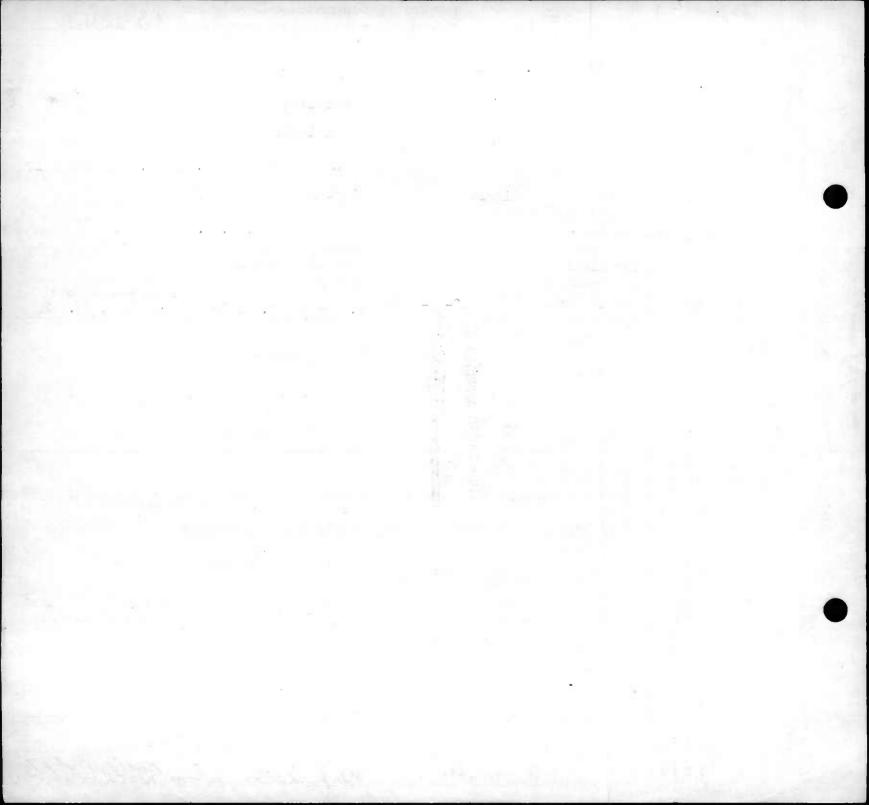
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	Y HEALTH DEPARTMENT
M.E. CASE NO.	TE OF DEATH Registered No. 65 12160
(Type of Print) Cleo C. Robertson	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street address or location) INSTITUTION	A. STATE B. COUNTY MARMLAND C. CITY OR TOWN (Il autside city limits, write RURAL and give township)
The Johns Hopkins Hospital	BALTIMORE D. STREET ADDRESS (If rurol, give location)
5, SEX 6, RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19, AGE (In years 1 If Under 1 Yr If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	12-25-93 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS, OR INDUSTRY dans during most of working Me, even if retired) RULLING TO THERE I NAME	11. BIRTHPLACE (Stote or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY?
WILLIAM CHEEK 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II yes, give war ar dates of service) SECURITY NO.	Emmy Cletauder
	John K. Cabelson 3114 M. Celverts.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	terral valence record in 7
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	tral frillation?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	vonia 4 days
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in lactory, street, and control of the	in at about 21 C. WHERE DID (If in Boltimore City, give exact lacation) Ulfice bldg., INJURY OCCUR?
21 D. TIME (Manth) (Day) (Year) (Haur) 21 E. INJURY OCCURRED OF INJURY (APPROX.) Nat White At Wark Nat Wark	
22. I certify that (I) (this hospital) attended the deceased from	19 65 ta 1 - 27 19 65 ta 19 65 and that In(my) (out) apinian death accurred an the data view the bady after death.
23C. PHYSICIAN'S	rending Med. Stoff Phys. Director Phys. Director
NAME (Type) NOTE OF THE PROPERTY OF CR) , , , , , , , , , , , , , , , , , , ,
25A, DATE REC'D BY HEALTH DEPT. 25A NAME OF REGISTRAR NOV 2 9 1965	25C. FUNERAL DIRICTOR,
VS 150-REV. 1/1/65	Wash De



1 6 6 1	BALTIMORE CI	ITY HEALTH DEPARTMENT
4 00	MRTH NO. 65 12161 CERTIFIC	ATE OF DEATH Registered No. 65 12161
and ased the the Such	M.E. CASE NO.	
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
f de on on h.	3. PLACE OF DEATH IN BALTIMORE MARYLAND	1// 25/63 5 P. M
hospital Jse of d (5) Dece lance on death.	Church Home + Hospital	A. STATE B. COUNTY
hospi ise o (5) D ance deat	FULL NAME OF (If not in hospital or institution, give street address or location)	S Maryland
a hos cause ise; (5) endan to de	INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
		Baltimore
0 5 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	816 Broadview Apts. 116 W. University 10
Sed	WIDQWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (in years State of Birth 9. AGE (in years 11 Under 1 Yr. 11 Under 24 Hrs.
IS L	Male Single	
	IOA. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUST	WHAT COUNTRY?
	Evaluation engineer B & O R R	New York City, N. Y.
	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
	Charles Blaha	Antonia Stastny
	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, na or unknown) (If yes, give war or dates of service) SEQURITY NO.	17. INFORMANT 421 Overbrook Road
	Yes World War I SEQUEITY NO.	
		III. Onarros D. Drarr Datonsviras inter-
0	70/1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tured a Vinney & house
	(This does not meen the mode of dying .g., BOUE TO	yourses horne anexyoun o reages
	heart foilure, asthenio, etc. It means the disease, injury ar camplication which caused deaths	
	This does not mean the made of dying to the failure, asthenia, etc. It means the disease, injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving X	Antenioscleroses
	DISEASES OR CONDITIONS, if any, giving Z (C)	
	DISEASES OR CONDITIONS, if any, giving Z (C)	
	11 11 001	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Above	20A-AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
-		g., in or obout 21C. WHERE DID (If in Boltimare City, give exact location) office bldg., (INJURY OCCUR?
	▼ DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?
	O	21F. HOW DID INJURY OCCUR?
	S OF INJURY	
	(APPROX.)	
-	22. I certify that (I) (this hospital) attended the deceased fram	11/25 1965 10 11/25 1965
	that (I) (we) last saw the deceased alive an 11/25	19.6.5 ond that in(my) (aur) apinion death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did not	
	23A. SIGNATURE	238, DATE SIGNED
	M. Allerene M.D.	Attending Med. Staff Phys. 11/25/65
	22C BUWELCHANG	Phys. Director Phys. 1

This certificate of the body was reshows: (1) An actives D.O.A. at a deceased prior? NAME (Type) M.D. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 24D. LOCATION (City, town, ar county) (State) ial 11/29/1965 Parkwood Cemetery
REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
/ 29 1965 Parkwood Cemetery Baltimore, Maryland 25C. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 65 12162						
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Agnes P. Root		2. DATE AN	D HOUR OF DEATH	1		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 5228 Lindon Heights Average of the party		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss B. COUNTY				
HOSPITAL OR oddress or location) INSTITUTION		Baltimore 1 D. STREET ADDRESS (If	5	RURAL-ond give township)		
		5228 Linden H				
F. White	OOWED, DIVORCED (specify)	7/17/1897	9. AGE (In years lost birthday) 68 Tre-	If Under 1 Yr. If Under 24 Months Doys Hours N		
10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)		11. BRTHPLACE (Stote or foreign		12. CITIZEN OF WHAT COUNTRY?		
Housekeeper St. 13. FATHER'S NAME	Ambrese Rectory	Baltimore, M	ME	U.S.A.		
August Scheper		Jenny	?			
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown)[lif yes, give war or doles of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	212-30-5300			reh St. Twin Oa		
18. / /5.0 I	CAUSE OF	DEATH BET	dgeport, W.	ONSET AND DEAT		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		unce man	M	la mount		
(This daes not mean the made of dying,		7000		0 11019		
hearl failure, asthenia, etc. It meons the dis injury ar camplication which caused death.)		//				
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if any,	giving			- 1.00		
rise Ia the abave cause (A) stating UNDERLYING CONDITION last.) the (C)			a w~aaa € ~~~aa 2 aa aa aa √√√√ a aa ~~an am; a n aa 10; 2 a a a		
OTHER SIGNIFICANT CONDITIONS CONTRIB						
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208 IE VES WEDE	INDINGS CONSIDERED		
198. CONDITION WAS PERFORMED)	2010 20 10131: 1163 61 116	IN CERTIFYING CAL	USES OF DEATH?		
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, off etc.)	ice olag., INJURT OCCUR?				
Q 21 D. TIME (Month) (Dov) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?			
OF INJURY (APPROX.)	While At Work Not While					
22. I certify that (I) (this hospital) atten		aug 65	9 to	Sof 2 / 19 1		
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an AND 19 for and that In(my) (aur) apinion death occurred an						
and haur and fram the causes stated aba	ve. (I) (We) (did) (did					
23A. SIGNATURE	0			23B, DATE SIGNED		
men /h	M.D. Atle		Stoff Phys.	11/26/62		
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS				
Dr. Joseph N. Shea	M.D.	6715 Park Heig	hts Ave. Ba	lt. 15, Md.		
24A. BURIAL CREMATION, 24B. DATE 2	24C. NAME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (Ci	ty, town, or county) (S		
Burial (Specify)	loly Redeemer	443	O Belair Rd	. Balt. 6, Md.		
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C FUNERAL DIRECTOR	4	ADDRESS		
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	7.00	Loring Byers	-8728 Liber	ty Rd. Randall		

5 E, Tarley M. B 25A. DATE REC'D BY HEALTH DEPT. Loring Byers-8728 Liberty Rd. Randallstown

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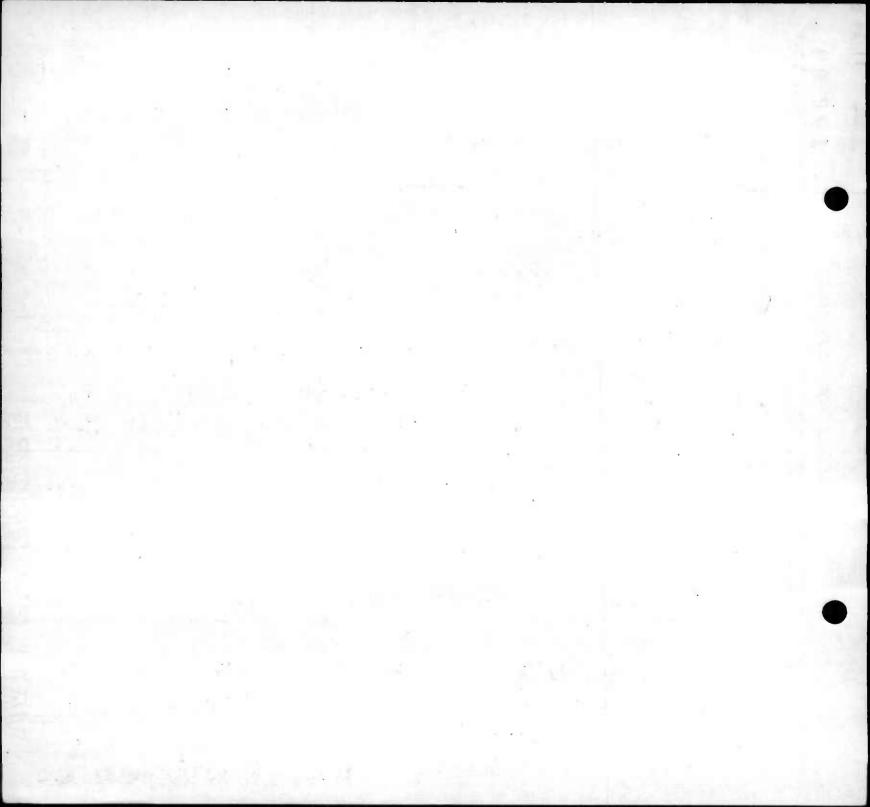
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which the star was not be deer this

VS 150-REV. 1/1/65

	65 12163	BALTIMORE CITY	HEALTH DEPA	ARTMENT		國國國際
BIRT	H NO. 00 12100	CERTIFICA	TE OF D	EATH	Registered Na.	15 12163
	AME OF DECEASED				HOUR OF DEATH	00 .
(Тур	e or Print). SAVAL K. HAVVI	S		11/24	165	1 200 PM
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RES	B. COUNTY	deceased lived. II ins	titution: residence before admission)
	ULL NAME OF (II not in hospital or institution, give	street	MA	RU/AM	d	75-04
	HOSPITAL OR oddress or location) NSTITUTION	V	C. CITY OR TO	WM (If outsice	le cîty limits, write Rl	JRAL and give township)
	Johns Hopkins Hosp	(HA)	D. STREET AD		ORE -	
	10,000		211	100		VE
5. 5			B. DATE OF BIL		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours: Min.
	F W' SepA	RATED	2-2-	96	69	771011115
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLAC	E (State or loreign	country)	12. CITIZEN OF WHAT COUNTRY?
World	Housewife		VA			
13.	FATHER'S NAME		14. MOTHER'S	MAIDEN NAME	0	
	John Oillman		de	len L	aris	
15. (Ye)		SOCIAL SECURITY NO.	17. INFORMAN	Τ ,		ADDRESS
	NO		Fam	114		pome
	18.204,11	CAUSE O	F DEATH			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	БА	PUAL	Sostic	emia	12/45
	(This does not mean the made of dying, e.g.,	DUE TO		300110	CV CV.	
	head failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	Par	O O HALAA	IN RH	U PII	3 class
	ANTECEDENT CAUSES	DUE TO	CC(11401)	1017 1	10-	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	10 Chi	Maric M	yeloge	nous beula	enuit 4 cms.
	UNDERLYING CONDITION last.			1 0		()
Z	CTUES SIGNIFICANT CONDITIONS CONTRIBUTING	2				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	TARROIN	les tinal	bleed	line	10 deces
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH			SY? (Yes or No)		NDINGS CONSIDERED V
CERTIFIC	Q		NO			
AL O	OR CONTRIBUTING CAUSE OF home, la	CE OF INJURY (e.g., i em, foctory, street, o	lfice bldg., INJU	RY OCCUR?	(II in Pollimore	City, give exact location)
DICA	The state of the s	URY OCCURRED	215 6	OW DID INJUI	N OCCUP?	
ME	OF INJURY While A	Not Whi	le 🗀	1011 010 111301	CI OCCOR.	
	VVOIR	Al Work	11/2	10	65 to 11	124 10605
	22. I certify that \$\mathfrak{H}\$ (this hospital) attended the plotted that \$\mathfrak{H}\$ (we) last saw the deceased alive an	194	19 6			ian death occurred an the date
	and haur and fram the causes stated above. (A) (W				(5), (00.) op	Tan down occorred an interest
	23A. SIGNATURE	, (410, (410,				23B. DATE SIGNED
	W.H. DOMON THE	M.D. Att	ending	Med. St Director Pt	off ny s	1194/68
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1	1 .	11
	William HAU DENCEN	" LLL M.D.	701	K 20N	ONKING	HORDITAL
244	REMOVAL (Specify) 24B. DATE 24C. NAME	of CEMETERY of CR	EMATORY	24D. LOC	ATION (City	y, town, or county) (State)
	Burnl 11-276 6 h	in Hamma (in	66	- Durme	MI
25/	NOV 2 9 1965 OF Deep 1 258 NAMES OF A	GISTRAR	25C. FUNE	AL DIRECTOR	1 02704	ADDRESS
	NOA 5 3 1822 Of Carle & State	7	W.C.C.	well to	. X 3 / Justo	upscalle ausa

237 Patropocale



FUNERAL DIRECTOR: IMPORTANT

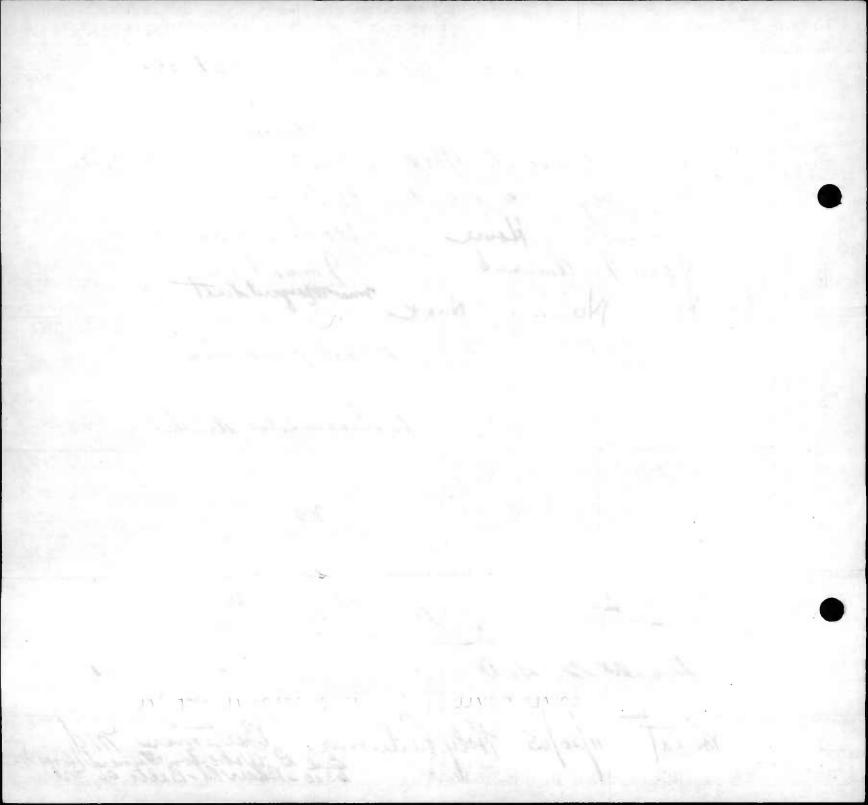
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 65 12164	CERTIFICATE OF DEATH	Registered No.65 12164
1, NAME OF DECEASED (Type or Print)	SEAL 2. DATE A	1-24-65 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give	A. STATE B. COU	ere deceosed lived. If institution: residence before oddission)
HOSPITAL OR oddress or location) INSTITUTION		utside city limits, write/LURAL ond/give township)
University Hospital	D. STREET ADDRESS (VURSERY RD.
14	DIVORGED (specify) NOV, 25, 1909	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BU	Chestrifiel	U.S.A
13. FATHERS NAME Seal Adams	14. MOTHER'S MATTER N	mrs margaret Sed
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of register)	SECURITY NO.	norsen no 2006
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	1 1th lar	end praffs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	(B) DUE TO	
rise to the obave couse (A) stating the UNDERLYING CONDITION lost.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEASE OR CONDITION CAUSING IT.	no	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED CONCERT &	ICH OPERATION 20A. AUTOPSY? (Yes or P	IN CERTIFING CAUSES OF DEATH?
U RIA. ACCIDENT WAS UNDERLYING 7218, PL	ACE OF INJURY (e.g., in or obout 2TC, WHERE DID lorm, foctory, street, office bldg., INJURY OCCUR?	(If in Baltimore City, give exact location)
ane	At Not While At Work	JURY OCCUR?
22. I ceptify that (I) (this hospital) attended the that (I) (we) last saw the deceased alive on	11/24 0 19 65 and t	19 /96 to 11/2 - 19 6, hat in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (I) (23A. SIGNATURE	Med. Attending Med. Director	23B, DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Ali. B. NOW	23D. ADDRESS	· prester Boltone my
24A. BURIAL CREMATION, 24B. DATE 24C. NAM REMOVAL (Specily) 11-28-65 Sig	nal Hell Cem	LOCATION (City, town, or county) (Store)
NOV 29 1965 P A 2 Total	REGISTRAR 25C. FUNERAL DIRECTO	Thereal Home, 237 Cat die
V\$ 150-REV. 1/1/65		344



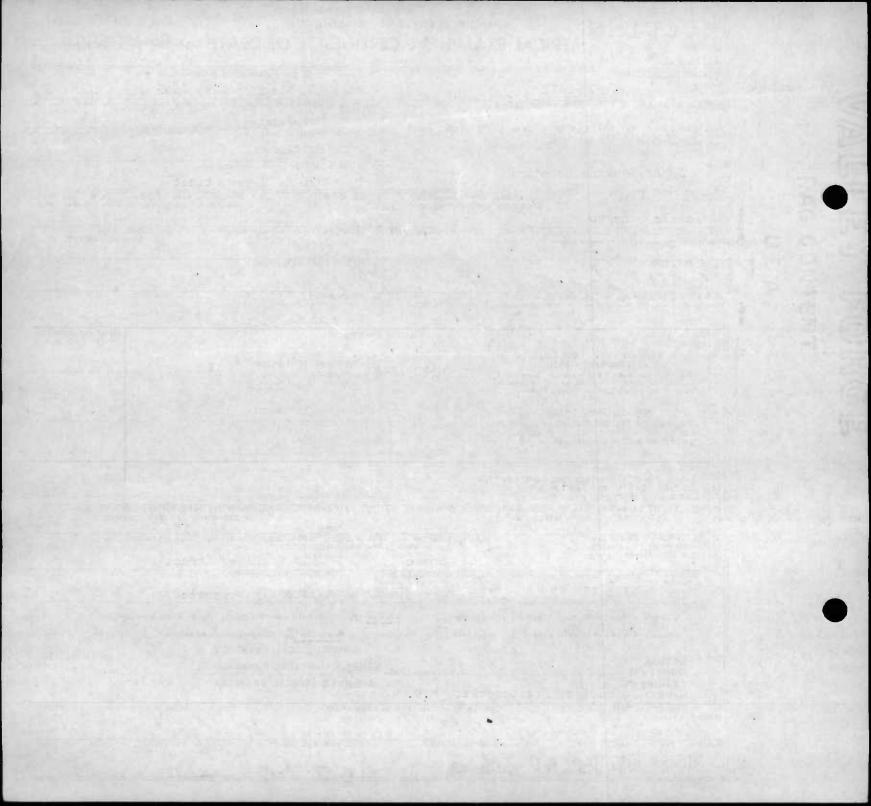
FUNERAL DIRECTOR: IMPORTANT the chief medical examiner or his assistant if death

65 12165 BALTIMORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH Registered Na BIRTH NO. pital and of death Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH no (Type or Print) hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) ance A. STATE B. COUNTY (5) cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) CITY OF TOWN (If outside city limits, write RURAL and give township) canse; attend 10 0 prior contributing D. STREET ADDRESS flf rural, give location) occurred etermined regular made 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. If Un Months: Doys Hours eceased WIDOWED, DIVORCED (specify) lost birthdoy 0 2 12 CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) = OF (4) Und Ď tause Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct eath no kind; 15. Wos Doceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL 7. INFORMAN final SECURITY NO. ance D any pronounced 10 2 CAUSE OF DEATH INTERVAL BETWEEN attend ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not meen the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, 2 aminer. injury or complication which coused death.) gu ANTECEDENT CAUSES who DUE TO 10 are DISEASES OR CONDITIONS, if ony, giving (3) rise to the obove couse (A) stoting the 2 physician UNDERLYING CONDITION Iosi, remains Was medical burns; Ш ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No! 208, IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID flf in Boltimore City, give exact location) where home, form, foctory, street, office bldg., INJURY OCCUR? hospital °Z AL etc.) DEATH (notify medical examiner) nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY Not While (except While At (APPROX.) Work Al Work and to the any 22. I certify that (1) (this hospital) attended the deceased from pe that (I) (we) last saw the deceased alive an 19 and that in (my) (aur) apinian death accurred an the date of hospital death) and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. was released must accident 23A. SIGNATURE 238 DATE SIGNED Allending Med. Staff M.D. 40 written approval Phys. Director Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS certificate prior NAME (Type) at An G. HALL, DONALD M.D. UNION MEMORIAL HOSPITAL was D.O.A. 24A. BURIAL CREMATION, 24B. DATE LOGATION deceased 24C. NAME of CEMETERY & CREMATORY town, or county) (Stole) the body shows: 25C. FUNERAL DIRECTOR BY HEALTH DEPT. 25B. NAME OF nerd 9 VS 150-REV. 1/1/65



D-	4	0	1
			0

65 12166 BALTIMORE CITY HEA	
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Register No. 12155
M.E. CASE NO.	
(Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
SHARON DALE 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	November 27, 1965 1:00 A _{M.} 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
S. PLACE IN BALLIMORE, MARIEAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
Johns Working Wasnits1	D. STREET ADDRESS (If rurol, give locotion)
Johns Hopkins Hospital	920 E. Eager Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. If Under 24 Hrs. Months: Doys: Hours, Min.
female negro	Dari 1950 14
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	17 11. BIRTHPLACE (Stote or foreign country)
done during most of working life, even if retired)	ma WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl Smillwood	Madeline Dale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS
The state of the s	Madeline Hale 920 E Euger St
IB. CAUS	E OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	ia
(This does not meen the mode of dying e.g., heart failure, asthenia, otc. It means the discose,	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IJR_	yes
21A. EXTERNAL CAUSE WAS UNDERLYINGETOR CONTRIB-	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UIUNDERLYINGE CONTRIB-	928 E. Eager Street
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	
(APPROX.) 11 27 65 ? WHILE AT NOT AT V	WHILE Apparently strangled
22. I certify that I held an Inquiry Inspection Au	atapsy X and that an this basis, death in my apinion
resulted from: Natural causes Accident 7 Sulcia	
Accident Joseph	CHIEF MEDICAL EXAMINER
ACTUAL (1/31. Human &)	ASSISTANT MEDICAL EXAMINER A
	ASSOCIATE MEDICAL EXAMINER 11-27-65
NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER
23A, BURIAL CREMATION, 23B, DATE / 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify) Del 2/65 Mt author	in Come Westmant make
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 29 1965 Relieb E. Fallens	Author & Elishon 1/29 M. Cart
VS 151-REV. 1/1/65 N 991 X	V



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

BALTIMORE CIT	TY HEALTH DEPARTMENT	
BIRTH NO. 65 12167 CERTIFICA	ATE OF DEATH Registered No.	5 12167
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) filly, ly, Eli Lo.	11-23-6-	210 Aug.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before odmission)
FULL NAME DF (If not in hospital or institution, give street HOSPITAL DR address or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RI	URAL ond give township)
Lutheran Hospital of murylan		
acineran reospira		
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
WIDOWED, DIVORCED (specify)	4-15-92 lost birthdoy! 73 Urs	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KfND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	n. Carkera	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Julia.	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
110.	Chaet	
	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Moletin Od no	
(This does not mean the mode of dying, e.g., DUE TO heart failure, ashenia, etc. If means the disease,	The state of the s	
injury or complication which coused death.)	propose a fram	
ANTECEDENT CAUSES (8) DUE TD		00000000000000000000000000000000000000
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the (C)		
UNDERLYING CONDITION last.		
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
	1/0	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	City, give exact locotion)
Q 21D, TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Work At Wo		11-23
22. I certify that (I) (this hospital) attended the deceased fram	7:55 QM 19 85 10 2	10 pm 19 . e.s.
that (i) (we) lost sow the deceased alive on 2.10		ion death occurred on the date
and hour and from the couses stated above. (I) (We) (did) (did not)) view the body ofter death.	
23A/STGNATURE	M. J	23 B. DATE SIGNED
1 Corrain or constanting.	Attending Med. Stoff Phys.	
23CTHTSICIANS NAME (Type)	23D. ADDRESS	
SAMULT TOMPAGY		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C	CREMATORY 24D. LOCATION (City	y, town, or county) (Stote)
Pomare - 7/0426/65	25C, FUNERAL DIRECTOR	1). Cautina
NOV 29 1965 P. A. B. B. AMAGO F. REGISTRAR	White & Land	11120h Carlist
VS 150-PEV 1/1/65	Marie a anticipa	110x711 CLEETURES!

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written approval must be obtained before the remains are embalmed or final disposition is made.

(except where the physician who pronounced

deceased prior to death); and (6) No physician was in regular

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of death

contributing

(4) Undetermined

cause; (5) Deceased

This certificate must be approved by the chief medical examiner

the body was released to the hospital by

(1) An accident of a hospital

at

was D.O.A.

shows:

any nature;

	BALTIMORE CITY	HEALTH DEPARTMENT		CE 46400
	RTH NO. LE CASE NO. 65 12168 CERTIFICA	TE OF DEATH	Registered Na	65 12168
1.1	NAME OF DECEASED	2. DATE A	ND HOUR OF DEATH	
(Ty	GABRIEL JENNINGS		11-26 65	1 7.30 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (WI	nere deceased lived. If ins	titution: residence before admission)
	FULL NAME OF (If not in hospital ar institution, give street oddress or location)	MARYLAND		8-03
-	THE JOHNS HOPKINS HOSPITAL	BALT I MORE	outside city limits, write RI	JRAL and give township)
	THE COMMS HOWKING HOST TIAL		f rurol, give location) I LINWOOD A	VENUE
S.	MALE NEGRO 7. MARRIED, NEVER MARRIED (Specify)	8. DATE OF BIRTH 3-21-93	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign/country)	12. CITIZEN OF WHAT COUNTRY?
do	ng during most of working life, eyen if retired)	(kewe)	Urginia	WHAT COUNTRY!
13.	FATHER'S NAME	14. MOTHER'S MAIDEN N	AME //	
	William Hinnings	SARAH LO	OVE	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? Security No.	17. INFORMANT	n singer Ma	ADDRESS (Q
-	18. S S CAUSE O	F DEATH	nurge / m	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
	LEADING TO DEATH (A) Ath	nerosclerotic	CVD leadir	ng 16 days
	(This does not mean the mode of duing an	cerebral vas	scular accid	lent
	ANTECEDENT CAUSES (B) DUE TD			
	DISEASES OR CONDITIONS, if any, giving			
	rise to the above cause (A) staling the (C) UNDERLYING CONDITION last.			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Urinary DISEASE OR CONDITION CAUSING IT.	tract infect	on	3 days
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO	10 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examine)	or obout 21C. WHERE DID in the bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID IN	IJURY OCCUR?	
2	(APPROX.) While At Not While Work At Work			
	22. I certify that (I) (this hospital) attended the deceased from	11/8	19 65 to 11/	26 10 65
	11/26	- 65		

that (I) (we) last sow the deceased alive on,

and that in(my) (evr) opinion death occurred on the date

and hour and from the causes stated obave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGN ACTURE

Lee	2.	Silves	
23C. PHYSICIAN'S NAME (Type)			-

Attending Phys. M.D.

Stoff Phys. Med. Director

23 B. DATE SIGNED

J Silver Lee

M.D.

Johns

Hopking Hospital timore, Md

24D. LOCATION

(City, lown, or county) (Stole)

24A. BURIAL CREMATION, REMOVAL (Specify)

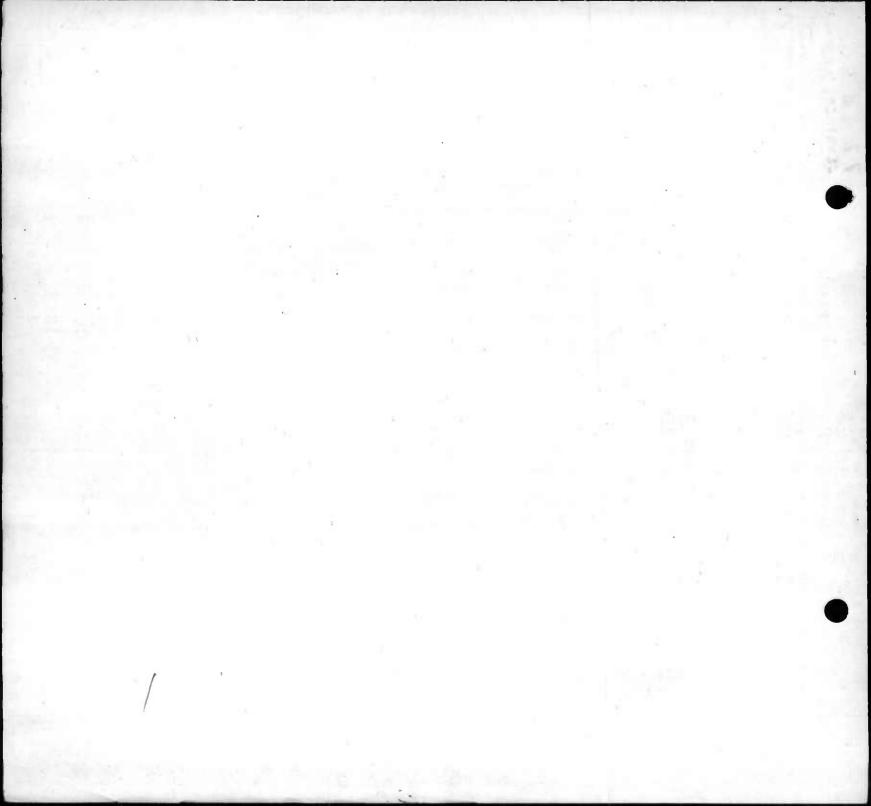
CEMETERY OF CREMATORY

25C. FUNERAL DIRECTOR

ADDRESS

25B. NAME OF REC'D BY HEALTH DEPT. REGISTRAR 29

VS 150-REV. 1/1/65



102001 9 16th	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased if (except where the physician who pronounced death was in regular attendance on the control of the con
•	f death occurrence or contribution () Undetermined was in regular the deceased in the deceased
IMPORTANT	or his assistant i Also, if the dire re of any kind; (4 nounced death attendance ont
FUNERAL DIRECTOR: IMPORTANT	nedical examiner. ourns; (3) A fractu
FUNERA	approved by the chief medical examiner or his assistant if death occurred is to the hospital by a medical examiner. Also, if the direct or contributing fany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined coil (except where the physician who pronounced death was in regular any second the deceased prior); and (6) No physician was in regular attendance on the deceased prior is made.
	appr to th f any il (ex

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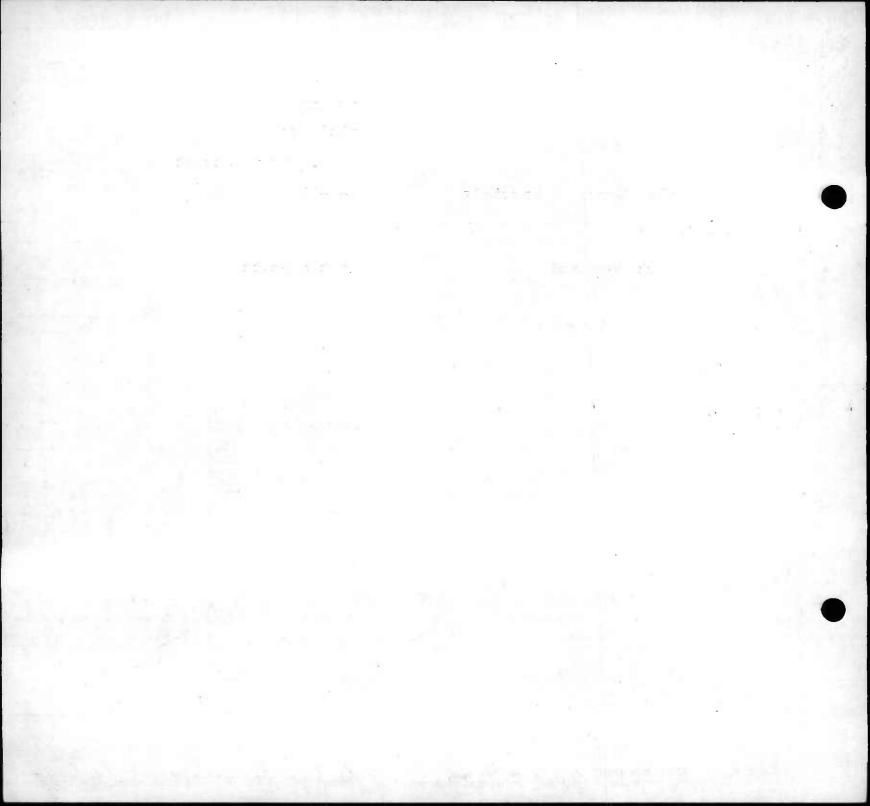
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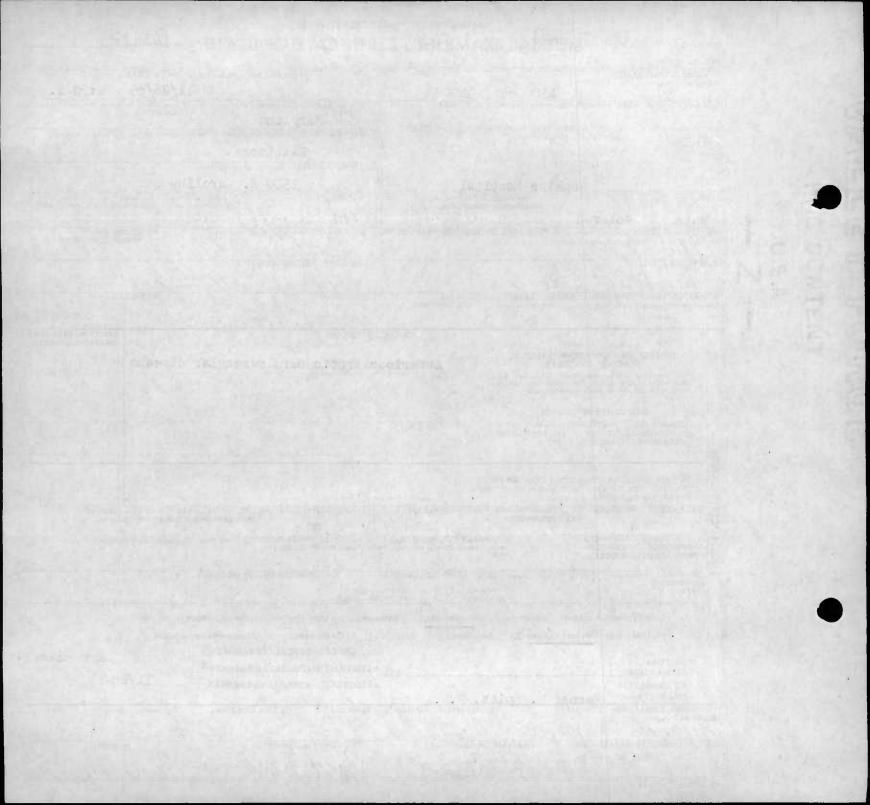
shows: COS

1 ----BALTIMORE CITY HEALTH DEPARTMENT 65 12169 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND nere deceased lived. If institution: residence before admission) B. COUNTY (Il not in hospital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If autside city limits, write RURAL and give lownship) Baltimore D. STREET ADDRESS (If rural, give location) 916 N. Durham Street 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Un Months Days Hours If Under 24 Hrs. Hours Min. 5. SEX widowed, DIVORCED (specify)
Married a lost birthday 4-6-11 Negro Female 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even il retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Scott Robert Copeland 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It meons the disease, injury or complication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact lacation) home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify medical examined (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except ; and (6 While At Not While (APPROX.) At Work Wark 22. I certify that (#(this hospital) attended the deceased fram 19 600 that (we) lost sow the deceased alive an. and that In(wy) (aur) opinion death occurred on the date eath) ond hour and from the couses stated obove. (# (We) (did) (didnet) view the body after deoth. 23A. SIGNATURE 238. DATE SIGNED Attending M.D. Med. 10 Phys. Director approval 23 C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATOR eceased REMOVAL (Specify) ADDRESS 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



BALTIMORE	CITY	HEALTH	DEPA	RTMFNT

BIRTH NO. 65 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Register No. 12170
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	11/26/65 4:50 a. M. 4:
	A. STATE Maryland 8. COUNTY
FULL NAME OF	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore
4	D. STREET ADDRESS (If rurol, give location)
Hopkins Hospital	1500 N. Caroline St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
male COLORED TO MACLES 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	SURGERIA STATE OF THE STATE OF
done during most of working life, even if refired)	Pattingue Md. WHAT COUNTRY?
13-FATHER'S NAME	114. MOTHER'S MAIDEN NAME /
the long the	mail
STWAS DECEASED EVER IN U.S. ARAFO CONCESS. 114 SOCIAL	17.INFORMANT ADDRESS
16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	ADDRESS
	Mary From 150011 autin St
18. CAUS	E OF DEATH INTERVAL SETWEEN
AFEK SUIT	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arterio	sclerotic cardiovascular disease
(This does not mean the mode of dying, e.g., DUE TO	
(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
<u> </u>	
OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
	office bldg., NJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m. WORK AT V	WHILE WHILE
22. I certify that I held on Inquiry Inspection X Au	ond that on this bosis, death in my opinion
resulted from: Natural couses X Accident Suicident	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER
ACTUAL MILAMEN 9 - (DATE SIGNED
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER 11/26/65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Vierner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY [23D. LOCATION (City town, or county) (State)
REMAQVAL (Specify)	1 All 1 All 1 All 1 All 1 All 1
BILLIA 1/20/65 1/64 Callied	in Com, 4300 ald treduck and Bally
ZAA. DATE REC'D BY HEALTH DEPT. 248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
NOV 20 1965 P.O. 1-0 7- DE.	1 Jan 18 Polickson 112 an Cart it
VS 151-REV. 1/1/65	The Market of 1/4 / 1/1 cartered



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 5 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) TOWN (If outside city limits, write RURAL and give lownship) INSTITUTION STREET ADDRESS made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday avuea disposition is IGA, USUAL OCCUPATION (Give WORK TOR KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done ducing most of working life, even if retired) 13. FATHERS NAME 14. MOTHER'S 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unkylown) (If yes, give wor or dotes of service) ADDRESS 17. INFORMANT 16. SOCIAL or final SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenio, etc. Il means the disease, 7 injury or camplication which coused death.) ANTECEDENT CAUSES GIB DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the UNDERLYING CONDITION lost. the remains ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION before Ü 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) obtained 0 21 D. TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive on... 99 and that in (my) (aur) apinian death accurred an the date and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNALURE 23B DATE SIGNED Attending Phys. M.D. Med. Stoff Director ___ Phy s. approval 23 D. ADDRESS 23C. PHYSICIAN'S NAME (Type) erno 24A. BURIAL CREMATION. 24D. LOCATION REMOVAL (Specify) written 25C. FUNERAL DIRECTOR 258. NAME OF REGISTRAR

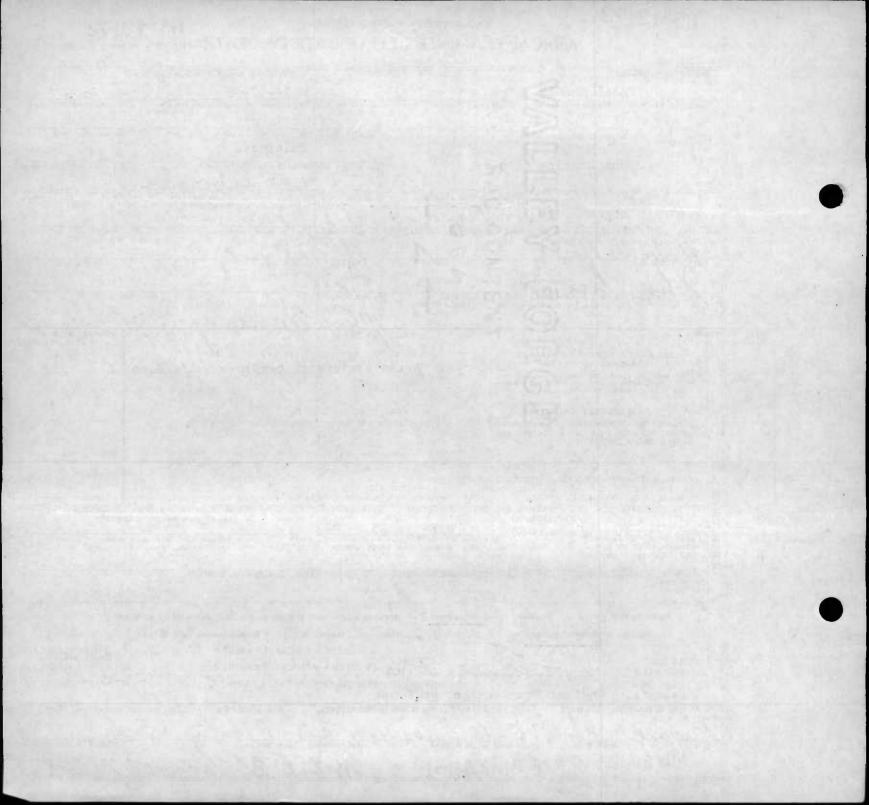
OV 29 1965 25A. BAL VS 150-REV, 1/1/65



VS 151-REV. 1/1/65

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

BIRTH NO.	MILDI	CALLA	AMIIIALK 2 C	LKIIIICAIL	. OI DL	A I I I Kogisii		
M.E. CASE NO.	CEASED			12	DATE AND H	OUR PRONOUNC	ED DEAD	
(Type or Print)		NIC.		۷٠			LU DEAD	1 05 -
2 DI ACE IN BAL	PEARL MANNI		NCED DEAD	NA LICITAL BECIDEN	11-17-6		titution: socide	1:05 P M.
S. PLACE IN BAL	IIMORE MARILAND, W	HERE PRONOU	NCED DEAD	A. STATE		B. CO	UNTY	nce beidle ddinissidii
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	ryland	unasata limita unit	a DIIDAL and	aiva tausahia)
HOSPITAL OR	ADDRESS OR LOCA	(TION)		-	altimore		e KOKAL UNU	give lownship
0	Talana II. 1 ta	_ 11	1				0	
5	Johns Hopkins	s Hospit	al	D. STREET ADDRES				
				16	06 E. La	afayette A	Ave.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	/	9. AGE (In years last birthday)		Yr, If Under 24 Hrs
female	negro	mi	HRILL.	4/12/	1912	52		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OA. USUAL OCC	UPATION (Give kind of work	TOB. KIND OF	BUSINESS OR INDUSTR	YII. BIRTHPLACE STO	te or foreign co	ountry)	12. CITIZEN	I OF
lane during mast of	warking life, even if retired)			de	0	101	WHAT	COUNTRY?
3. FATHER'S NA	elle ye			14. MOJHER'S MAIL	DEN NAME	til Car		
	1 10			P 1		1		
House	V leld			reare				- 1
	O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		1	ADDRESS	γ f
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118.			CAUS	É/OF DEATH	10101	L.	200	NTERVAL BETWEEN
4.30	2.1						c	ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	Anto	wiczelewski.		V 1 am	1:0000	
(This daes	nat mean the made of	dying, e.g.,	DUE TO	rioscleroti	c cardio	ovascutar	diseas.	£
injury or co	, asthenia, etc. It means mplication which caused	death.)						
	OR CONDITIONS, IF A		(B)			***********		
RISE TO TH	E ABOVE CAUSE (A) ST		DOE 10					
	NG CONDITION LAST.		(C)					
<u>Ó</u>								
OTHER SIG	II NIFICANT CONDITIONS	CONTRIBUTIN	G				533	
O THE	DEATH BUT NOT RE	LATED TO TH	1E					
	R CONDITION CAUSING		VHICH OPERATION	20A. AUTOPSY? (Y	(ac or No) 20R	16 VEC WEDE E	INDINGS CO	NSIDEBED
B 77. DAIL 01	WAS PER		THICH OFERATION			CERTIFYING CAU		
10	L CAUSE WAS	218 6	PLACE OF INJURY (e.g.,	no	ERE DID (II :	Bale City	in anathra	nei nu l
O UNDERLYING	OR CONTRIB-	hame,	form, factory, street,	affice bidg., INJURY O	CCUR?	n Baltimare City, g	ive exact lace	giidii)
ш	ISE OF DEATH.	etc.)						
21D TIME OF INJURY	(Manth) (Day) (Year	Haur) 21	E. INJURY OCCURRED	21F. HOW	DID INJURY	OCCUR?		
(APPROX.)		m. W	HILE AT NOT	WHILE				
22.		m. j vv		VORK L				
	tify that I held on I	nquiry	Inspection X Au	topsy ond th	hot on this b	osis, deoth in	my opinion	
resu	Ited from: Natural con	uses XX A	ccident Suici	de Homicide	Und	etermined monn	er	
	1			CHIEF MED	ICAL EXAM	INER		
ACTUA		M. M.	1114	ASSISTANT MED				DATE SIGNED
SIGNAT	1	901.00	MO (M.				11-17-	65
EXAMIN		Breiten	ecker, M.D.	ASSOCIATE MED	DICAL EXAM	AINER	11-17-	05
NAME (711		NAME of CEMETERY	OL CREMATORY	23 D. LOC	ATION (City	, tawn, or cau	unty) (State)
REMOVAL (Specif		1 230	CENTER ENT	CI CREMINIORI	233. 100	A I	, town, or col	d (Sidie)
Dukin	0, 11/201	165 1	Watter	Mim. Tack	ler	utus	me	1
	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL	DIRECTOR	2 2		DRESS
NOV	29 1965 00	00 7	Aut o	mich	681	/ //		500



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

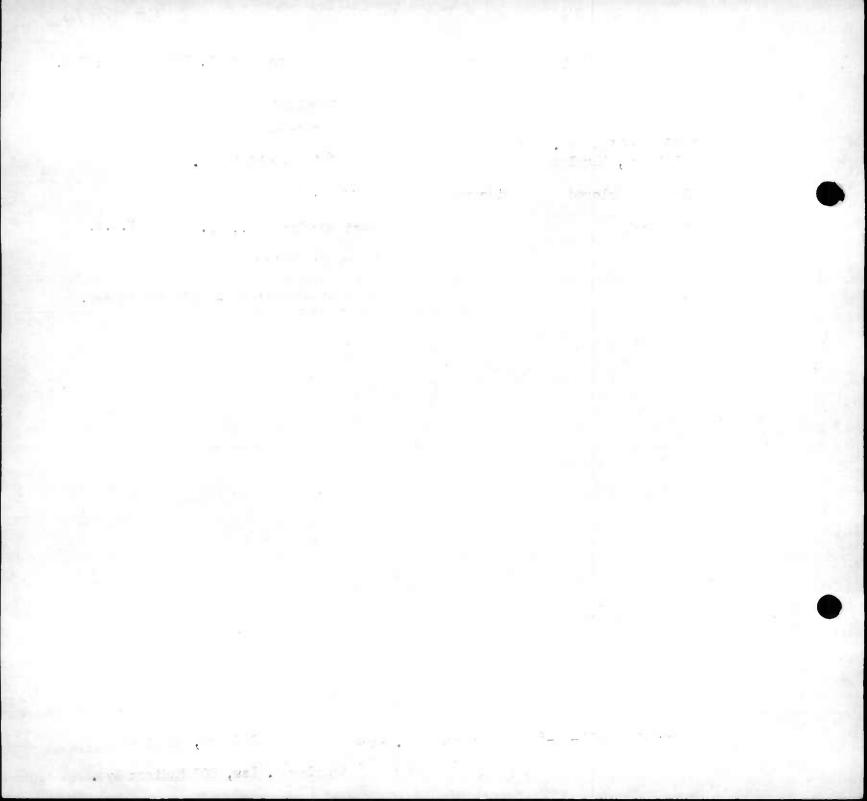
VS 150-REV. 1/1/66 -

1.7	Pe or Print)		M EDGAR TATE	November 27, 19	
3.	PLACE OF DE	ATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased fived. I	
	FULL NAME OF HOSPITAL OR	F (If not in hospito oddress or locoti	l or institution, give street on)	C. CITY OR TOWN If outside city limits, with	15-10 te RURAL ond give townshi
0	3826 F	ernhill Ave.		D. STREET ADDRESS Ilf rural, give location)	
5	Baltim	ore, Maryland	7. MARRIED, NEVER MARRIED	3826 Fernhill Ave.	
	Male	Colored	WIDOWED, DIVORCED (speci	March 3, 1883 fost birthdoys	If Under 1 Yr. If Un Months Doys Hours
		working life, even if retired)	10B, KIND OF BUSINESS OR IND	West Moreland Co., Va.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13.	FATHER'S NA	WE		14. MOTHER'S MAIDEN NAME Amanda Newton	1134
15.	Was Deceased	Ever in U. S. Armed Fo	orces? 16. SOCIAL	17. INFORMANT	ADDRESS
116	No No	(If yes, give wor or do	tes of service) SECURITY NO.	Beatrice Rawlings - 2031	Ruxton Ave.
-	18. 46	20.11	CAU	JSE OF DEATH	INTERVAL BE
	- 2	SE OR CONDITION D		Closes Osal	ONSET AND
	(This does	LEADING TO DEATH not mean the made of	(A)	Coronary Occlusion Erebral Hemershage	- Jay
	heart failure,	asthenia, etc. Il mean	s the disease,		- 1
		ANTECEDENT CAUSE		endral Hemerica as	Zaa
	DISEASES (OR CONDITIONS, if	any, giving	Espertension Cardio Vasuler	as dules
	DISEASES (OR CONDITIONS, if e above cause (A) G CONDITION last.	any, giving	Eppertennos Cardio Vasculer	An Hulen
NO	DISEASES (rise to th UNDERLYING	e above cause (A) G CONDITION last.	any, giving (C)	Expertensión Cardio Vaculer	As. Hulen
ATION	DISEASES (rise In the UNDERLYING OTHER SIGN TO THE DISEASE OR	e above cause (A) G CONDITION last.	any, giving) stating the IC)	Spertennos Cardio Varuler	Dr. Unlen
ERTIFICATION	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR	e obove couse (A) G CONDITION last. II FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 19B. CO WAS PE	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION RFORMED	fypertensiver Cardio Vaxuler [20 A. AUTOPSY? (Yes or No)] 20 B. IF YES, WE	Dr. Unlen
CAL CERTIFIC	DISEASES (rise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OR CON	e above cause (A) G CONDITION last. II FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION RFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
L CERTIFIC	DISEASES (rise to the UNDERLYING OTHER SIGN TO THE DISEASE OR 19A-DATE OF CONTRIBUTION OF CON	e above cause (A) G CONDITION last. II FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CO WAS PE	CONTRIBUTING ATED TO THE IT. DIE PLACE OF INJURY OCCURRE While At No	20A. AUTOPSY? (Yes or No) 20B. IF YES. WE IN CERTIFYING (e.g., in or about 21C. WHERE DID eet, office bidg., INJURY OCCUR?	As. Unlen
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MEDICAL CERTIFIC	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE DISEASE OR 19 A. DATE OF 21 A. ACCIDE OR CONTRIBUTE 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23 A. SIGNATURE 23 C. PHYSICIA 23 C. PHYSICIA	e above cause (A) G CONDITION last.	CONTRIBUTING ATED TO THE IT. DITON FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY home, form, foctory, streetc.) (Hour) 21E. INJURY OCCURRE While At No Work AI DI) ottended the deceased from seed olive on /// We) (did) (did in the control of the control o	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING (e.g., in or obout 21C. WHERE DID (If in Boltineet, office bldg., INJURY OCCUR? D 21F. HOW DID INJURY OCCUR? 1 Whife	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exoct locotion Avenuer V _j opinion deoth occurred of

charles R.

Law, 802 Madison Ave.

M.



65 12174 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR PRONOUNCED DEAD 1. NAME OF DECEASED 26/65 6:20 a. SMITH LILLIAN 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Maryland
C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF HOSPITAL OR D. STREET ADDRESS (If rurol, give locotion) 1109 N. Monroe St. Lutheran Hospital 9. AGE (In years last birthday) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDO WED, DIVORCED (specify) Months , Doys , Hours , colored April 9, 1911
11. BIRTHPLACE (State or foreign country) female Separated 10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Baltimore, Maryland U.S.A. 13. FATHER'S NAME Monroe Hill Mary Demby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS 6. SO CIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 215-16-9923 Rebecca Smith - 1109 N. Monroe St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinoma of lung LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? no 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, office bldg., NJURY OCCUR? 21A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. Ξ 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) OF INJURY NOT WHILE (APPROX.) WHILE AT 22. Inspection X certify that I held an Inquiry Autopsy and that an this basis, death in my apinion resulted fram: Natural causes X Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 11/26/65 ASSOCIATE MEDICAL EXAMINER EXAMINER'S

1104 69 1303

Werner U.

12-2-65

23B. DATE

Spitz,

248, NAME OF REGISTRAR

23C. NAME of CEMETERY of CREMATORY

Arbutus Mem. Park Baltimore, Maryland ADDRESS ADDRESS

23D. LOCATION

Charles R. Law, 802 Madison Ave.

(City, town, or county)

(Stote)

VS 151-REV. 1/1/65

NAME (Type)

23A, BURIAL CREMATION,

Burial

REMOVAL (Specify)

The same of the sa A SHEET AND ASSESSED ASSESSED. AND THE REAL PROPERTY OF THE PARTY OF THE PA

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death, Such IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CITY	HEALTH DEPARTMENT	(T ADAME
MRTH NO. 65 12175 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	5 12175
1. NAME OF DECEASED	Guy	2. DATE AND H	OUR OF DEATH	1545 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	ceosed lived. If instituti	on; residence before admission
FULL NAME OF (If not in hospital or institute oddress or location)	ion, give street	C. CITY OR TOWN / (If outside	city limits, write RURAL	and give township)
MARYLAND GENERAL	Hosp	Balto	23	
BALLO Md.		41 4 1	give location) Nount S	<i>t.</i>
	RIED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AG	GE (In years of Mor	Jnder 1 Yr. If Under 24 Hr hths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIN) done during riost of working life, even if retired)		11. BIRTHPLACE (Stote or foreign co	ountry) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME		USB
Mi Hon Gay		Famile W	lovre	
15. Was Decased Ever in U. S. Armed Frices? (Yes,no or unknown) (If yes, give wor or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	579-18-5654	Wife		Jame
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH / > /	a. 1	ONSET AND DEATH
LEADING TO DEATH	All	whose King Esipho	ell/arcus	10 days
(This does not mean the mode of dying, healt failule, asthenio, etc. It means the dise			7	J
ANTECEDENT CAUSES	(8) Lac	unicos (in	hases	
DISEASES OR CONDITIONS, if ony, gi	DUE TO ving			
rise to the obove cause (A) stoting UNDERLYING CONDITION tost.	lhe (C)			w 0 00000 000 m 0 mmmm mg mm/mmm/n mg 000 mg 1 0 0 0 0 0 0 mmm
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPST? (Yes or No.) 201	B. IF YES, WERE FINDI	
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	110		, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of etc.)		tii iii ooliimole Cily,	, give exact location/
OF INJURY (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX)	While At Not While Work Not Work			/
22. I certify that (1) (this hospital) attend	ed the deceased/fram	10/20 196	2) ta 1/	127 165
that (1) (we) last saw the deceased alive	1.12		/	death accurred an the da
and your and fram the causes stated abov	e. (1) (We) (did) (did not) v	iew the bady after death.		
23A SIGNATURE	WA WE AM	ending Med. Stoff		DATE SIGNED
23 C. PHYSICIAN'S	Phy	s. Director Phys.		(1/27/6)
DONALD T. LEC	UERS M.D.	MARY/AND GO	NERAL ,	Hospital
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	***		wn, or equinty) (State)
Burial 12-1-65	Harmony Mem P		ingten , D.	
NOV 29 1965 R.C.	for 2 in the Man	Charles R. La	W 802 Made	ADDRESS
VS 150-REV. 1/1/65		Orient Tes 107 TV	W OUR PRUIS	on wes

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	15	19476		BALTIMORE CITY HEA	LTH DEPARTMENT		C5 45	1400
BIRT	Cd .on H	12176 MED	DICAL EX	AMINER'S C	ERTIFICATE OF D	EATH Registe	red No. 65 12	11/0
M.I	E CASE NO.							
1. I (Ty)	NAME OF DE	CEASED	4-1			HOUR PRONOUNC		
			ARD	ZIELSKI	11-28		1:0	M.
3. P	LACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Where of	leceosed lived. If inst B. COU	itution: residence belo	re odmission)
FUL	L NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	JTION, GIVE STREET	Maryland c. CITY OR TOWN (If outside	carparate limits, write	RURAL and give to	wnship)
INS	SPITAL OR	ADDRESS OR LOC	, A IION)				1000	À
	BAT	TIMORE CITY	HOSPITAL	- DOA	Baltimore D. STREET ADDRESS (If rurol,	aive lacation)	00-11	9
	5				7411 Poplar Aver			
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If U	
I	ſale	White		DIVORCED (specify)	0-4 12 1012	52	Months Days He	ours Min.
			ork 108. KIND OF	e BUSINESS OR INDUSTR	Oct. 13 1913 RY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF	i
		working life, even if retired on Foreman		more City	Reltimor	Md.	TI S A	RY?
	FATHER'S NAM		Del ul	more arry	14. MOTHER'S MAIDEN NAME	The last	1 0 3 A	
		Samuel Ziel	elri		Sonhi s	Gumkowski		
		ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	GILLIAN TO HOLL	ADDRESS	
1	No	, yes, give wor or or	1103 01 3014/00/	217-09-3746	Bank D. Cr. 3 14	C/22 D	Anna 10-74	- 21
-	1B. //	0 1			Freds R. Zielski	7411 Pople	INTERVA	L BETWEEN
		SE OR CONDITION LEADING TO DEA	TH	(A) Arte	eriosclerotic card	liovascular	disease	
	heart foilure	not mean the mode , osthenia, etc. It mea	ns the disease,	DUE TO				
	Injury or co	mplication which cause	a deom./					
		ANTECENDENT CAU		(B)	······································			
	RISE TO TH	OR CONDITIONS, IF	STATING THE	DUE TO				
z	UNDEKLI	NG CONDITION LAS	•	(C)				***************************************
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FICATION		NIFICANT CONDITION DEATH BUT NOT I					100	
ERTIF		R CONDITION CAUSI		WILCH OPERATION	LOGA ALIZOROVA (V N)	NO 15 MEG 14/EDE EL	NOINCE CONSIDERE	
CER	MA. DATE OF	F OPERATION 198, CO	ERFORMED	WHICH OPERATION		N CERTIFYING CAU	SES OF DEATH?	D
1	21 A. EXTERNA	L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	Yes In or about 21C. WHERE DID		es ve exact location)	
EDIC		OR CONTRIB-	home etc.)	, form, factory, street,	office bldg., INJURY OCCUR?			
Σ	OF INJURY	(Month) (Doy) (Ye		1E. INJURY OCCURRED		RY OCCUR?		24
	(APPROX.)			VHILE AT NOT	WHILE WORK		N. S. C. C.	
	22.	tify that I held an	Inquiry _	Inspection A	utopsy X and that on this	s bosis, deoth in m	ny opinion	
	resu	Ited from: Notural	ouses X	Accident Suici		ndetermined monn	er 🗌	
		10.	.)/		CHIEF MEDICAL EX	AMINER .	0.75	CICNED
	ACTUA SIGNAT		N (sell "	ASSISTANT MEDICAL EX	AMINER -	DATE	SIGNED
	EXAMI			Me L	ASSOCIATE MEDICAL EX	process.	11-2	29-65
00	NAME (Type) PETI		CKERT, M.D.				
	MOVAL (Specif		23	C. NAME OF CEMETERY	or CREMATORY 23D. LC	CATION (City,	, town, or county)	(State)
	Burial	Dec	2 1965	Holy Cross	Cemetery G	erman Hill		d
244	. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS	
		NOV 29 195	O Office	t & Janky M	Dippel Bros I	ac 1800 E L	ombard Str	et.
1			-				THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	

VS 151-REV. 1/1/65--

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BIRTH NO.

M.E. CASE NO. (Type or Print)

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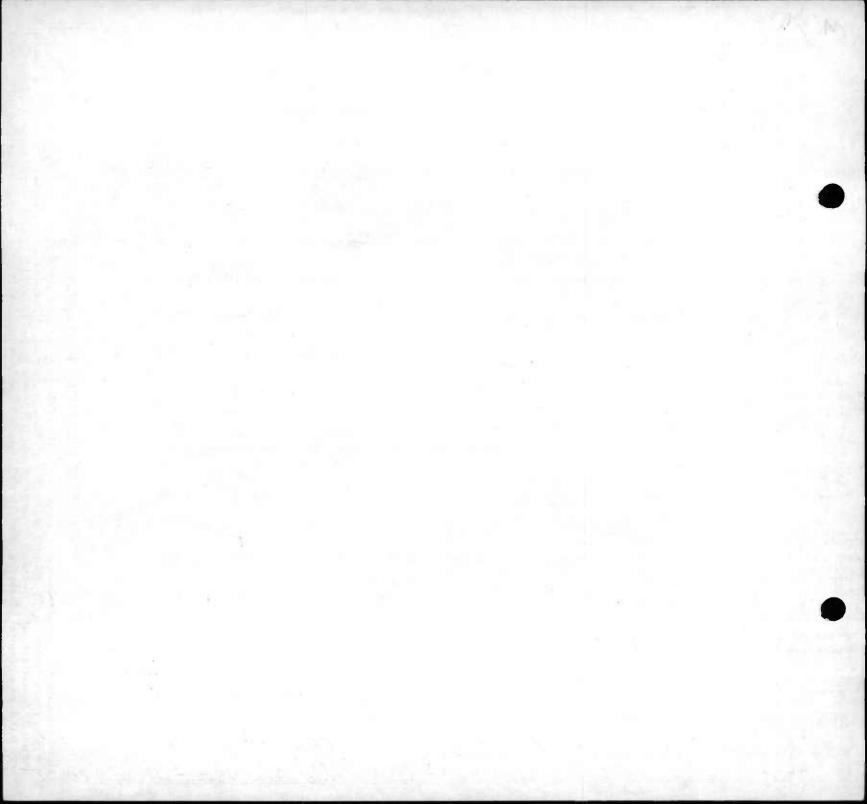
BALTIMORE CITY HEALTH DEPARTMENT

the body was released to the hospital by was D.O.A. at a hospital (except where deceased prior to written approval shows: (1)

25A. DATE REC'D

V\$ 150-REV. 1/1/65

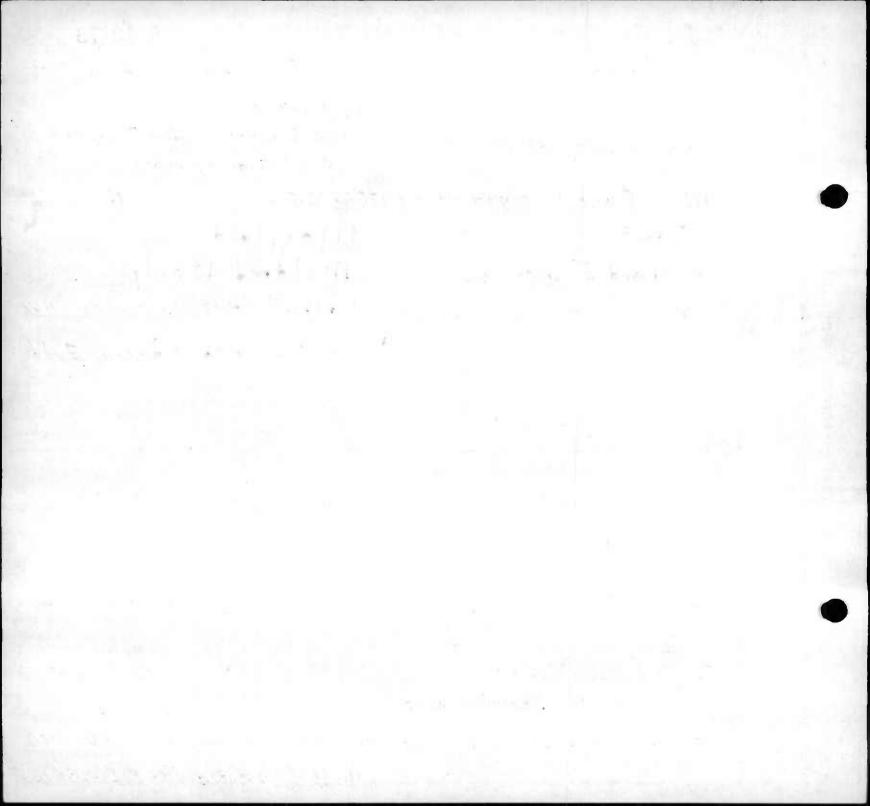
E OF DEATH Registered No.	65 12177
2. DATE AND HOUR OF DEATH	
. USUAL RESIDENCE (Where deceased lived. If ins	titution: rosidonce before odmission)
-21	-6-01
C. CITY OF TOWN (If outside city limits, write RI	JRAL ond give township)
0	
STREET ADDRESS (II rurol, give tocotion)	
H209 GLENMORE AU DATE OF BIRTH 9. AGE (In yours	e
lost birthdov)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
3/33/99 66. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF
0 11 221	WHAT COUNTRY?
Salto. Md.	U.S.A.
2 1 1 1 1	
Margaret Beif	ADDRESS
	ADDRESS .
Margaret M. Miller 42	og Glonmora Ave
DEATH	INTERVAL BETWEEN ONSET AND DEATH
Deidons	
Na arm	
-I bleeding	
<u> </u>	
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
o bout 21C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exact location)
s blags, INJURY OCCUR:	
21F. HOW DID INJURY OCCUR?	
17 106 . 70	26 1965
/ / _	
	an death accurred an the date
w the bady after death.	23B, DATE SIGNED
	nov 26, 1965
O. ADDRESS	
MERCY HOSPITAL	
ATORY 24D. LOCATION (City	, town, or county) (Stole)
ER CFM, 4430 BELAI	RRD MO
25C, FUNERAL DIRECTOR	ADDRESS
Deffel Byo 1800 FL	OMBARO ST
V	



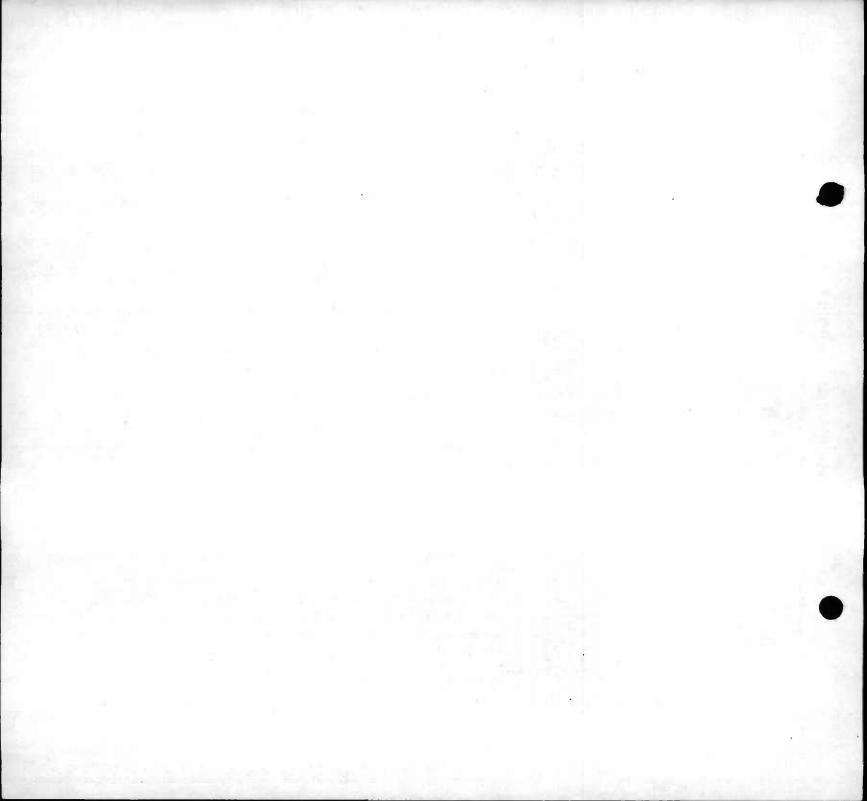
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	2 11 22 1	BALTIMORE CITY	HEALTH DEPARTMENT	,		
	TH NO. Butte. Md	CERTIFICA	TE OF DEATH	Registered No.	5 12178	-
1, 6	E CASE NO. PAME OF DECEASED	wake-	Α.	DHOUR OF DEATH	\$620 p	· M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	8612	4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admissi	on)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	Maryland		URAL and give township)	
10	1 1 1 1 1 1 1 1 1	27/1/	13a/1:m		20, Md-	_
18	UNIVERSITY HOS		1517 A		ve 5300	
5.		RIED, NEVER MARRIED DWED, DIVORCED (specify) WFR MARRIEM	10 Nov 65	9. AGE (In years lost birthday)	Months Days Hours Min.	fs.
	NUSUAL OCCUPATION (Give kind of work 10 B, KIN to during most of working lite, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
100	Infant	and the same and t	Mary	and		
13.	FATHER'S NAME	, ,	14. MOTHER'S MAIDEN NAM			
	Richard E. Lou	ck=	Mildr	ed 13 a	ily	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv		17. INFORMANT		ADDRESS	
	NU -	NONE	Father-	1517 A	LDENEY AL	IE
	18. 75 4 51	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	d	1.6.	bon t	1 18	
	(This does not mean the mode of dying,		engen, la	MICA (PI	N SERSE - 2 190	Top
	heart failure, asthenia, etc. It means the disc injury or complication which coused deoth.)	1050,	3			7
	ANTECEDENT CAUSES	(B)	MARAMOTO SATEMBET I 88 60 50 1 1 5 7 7 7 60 7 7 7 8 60 5 5 60 60 60			
	DISEASES OR CONDITIONS, if any, gi	ving				
	rise to the obave cause (A) stating UNDERLYING CONDITION last.	the (C)	**************************************			40000
	П					_
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				A STATE OF THE STA	
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES WEDE E	INDINGS CONSIDERED	_
ERTIFIC	WAS PERFORMED	THE THE PERSON	Yes	IN CERTIFYING CAL	ISES OF DEATH?	
CAL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 2TC. WHERE DID	(If in Boltimore	City, give exoct locotion)	
MEDIO	21D. TME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
1	(APPROX.)	While At Not While At Work			0	
	22. I certify that (1) (this hospital) attend	led the deceased fram	4 Non	19 65 10 20	P Now 19 60	
	that (1) (we) last saw the deceased alive	on 28 Nov 65			nian death accurred an the d	
	and haur and fram the causes stated above					
1	23A. SIGNATURE			/	23B. DATE SIGNED	
1	Donal E. Knickerboo	1 /	nding Med. Director	Stoff Phy s.	28Nov65	
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
	Donald E. Kn	ickerbocker.D.				
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C NAME of CEMETERY of CRE			y, town, or county) (State)
	BURIAC 11/29/65,	HOLY REDEE.	MER CEM. 44	130 BELA	IR RD M)-
25	NOV 29 1965 C. F. E.	A CLOSINA	25C, FUNERAL DIRECTOR	A day 18	OUF LONBARI	257
VS	150-REV. 1/1/65		North 11	(A) (A)	- CALLALAL	

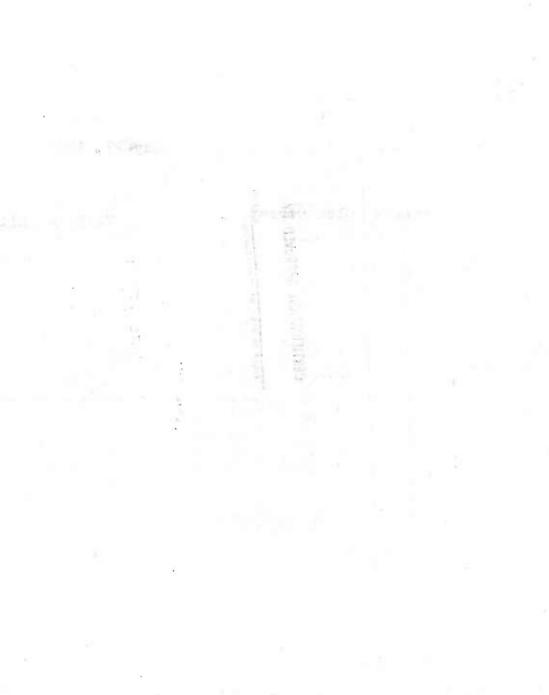


	Pe or Print) LAWRENCE DEAL	IER NOV. 29, 1965 1 A	+
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)	A. STATE B. COUNTY May / Can d	ission)
1	HOSPITAL OR oddress or location) 143/3 Dewey Ave.	C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
i	,	D. STREET ADDRESS (If rurol, give location) 43/3 Dewey Aug	
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Married Married	IED specify) B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 2 Annual Specify) Nov. 33/880 9. AGE (In years Manths Days Hours A	4 Hrs. Min.
90	A. USÜAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR ne during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. S. A.	
13 13	FATHER'S NAME	14, MOTHER'S MAIDEN NAME	
1.5	Was Deceased Ever in U. S. Armed Farces? s,no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY	NO. 17. INFORMANT ADDRESS	p
-	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEAT	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	KETROPERITONEAL CARCINONIA IYR	
	injury ar camplication which caused death.) ANTECEDENT CAUSES (8)	UE TO	
	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	UE TO	
	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	TERIOSCLEROTIC HEART DIS. 5 YRS.	
	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	TERIOSCLEROTIZ HEART DIS. 5 YRS. TION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED	
Wilder Delote The Femalis are dis	injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	TERIOSCLEROTIC HEART DIS. 5 YRS. TION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JURY (e.g., in or about 21 C. WHERE DID y, street, office bidg., INJURY OCCUR?	
	INJURY OR COMPILED TO THE DEATH NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 12 13 14 15 17 19 19 19 19 19 19 19 19 19	TERIOSCLEROTIC HEART DIS. 5 YRS, TION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact lacotion) y, street, affice bldg., INJURY OCCUR? URRED 21F. HOW DID INJURY OCCUR? Not While At Work 1965 to NOV. 29, 1965 from SEP. IT, 1965 to NOV. 29, 1965 and that in(my) (our) apinion death accurred on In-	2.5.
MOINT DESCRIPTION OF STREET	INJURY OF CONTRIBUTING OF INJURY (APPROX.) ANTECEDENT CAUSES (B) (B) (C) (B) (B) (C) (B) (C) (B) (C) (B) (C) (C	TERIOSCLEROTIC HEART DIS. 5 YRS, TION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact lacotion) y, street, affice bldg., INJURY OCCUR? URRED 21F. HOW DID INJURY OCCUR? Not While At Work 1965 to NOV. 29, 1965 from SEP. IT, 1965 to NOV. 29, 1965 and that in(my) (our) apinion death accurred on In-	2.5
	INJURY OF CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1986. CONDITION FOR WHICH OPERATOR CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 1986. CONDITION FOR WHICH OPERATOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCION (While At Work) 22. I certify that (I) (this hospital) attended the deceased that (I) (we) lost sow the deceased alive on and hour and from the causes stated above. (I) (We) (did) (TERIOSCLEROTIC HEART DIS. TERIOSCLEROTIC HEART DIS. TION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? JURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) Y, street, office bldg., INJURY OCCUR? 19	55 ne dot



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	65 121	90	BALTI	MORE CITY I	HEALTH DEPARTMENT		65 12180
BIRTH NO.		.00	· CER	TIFICA1	E OF DEATH	Registered Na.	OO ILLIOU
	F DECEASED				2. DATE	AND HOUR OF DEATH	1
(Type or Pri	" Elizab	eth Ric	delev		: Nover	mber 26, 190	65 3:30 p
3. PLACE	OF DEATH IN BALTIA	MORE, MARYL	AND		4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived, If	institution: residence before admissi
E1111 M	A 145 OF (15)	- beneitet er i	and the state of the state of		Maryla		1600
HOSPITA	L OR oddress	or lacotion)	istitution, give street	-	C. CITY OR TOWN (IF	allu outside city limits, write	RURAL ond give township)
INSTITUT	Prov	ident I	Iospital		Baltir		
/	1514	Divisi	ion Street		D. STREET ADDRESS	(If rural, give location)	
,	Balt	imore,	Maryland 2	1217	1136 1	N. Stricker	Street
5. S EX	6. RACE	7.	MARRIED, NEVER MAR	RRIED B	DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
Femal	e Negro		Married		Way 27, 189	5 lost birthdays	Months Doys Hours Min.
			KIND OF BUSINESS O	R INDUSTRY 1	1. BIRTHPLACE (Stole or In	preign country)	12. CITIZEN OF
dane during	mast of working life, ever	n if retired)	2000		Manufland		WHAT COUNTRY?
			none		Maryland		U.S.A.
3. FATHER	3 NAME	07	D >	1	4. MOTHER'S MAIDEN N	AME	
	unknown	A	Dorse		XXXXXXX	M Elizabe	th Owens
S. Was De	ceased Ever in U. S. nknawn) (If yes, give	Armed Farces?	Service 16. SOCIAL	Y NO.	7. INFORMANT		ADDRESS
No	, 55, 3, 5		EX.	1	Phillip Ridg	lew-huchand	same
18. 2	-		A APPR	CAUSE OF		rey-musuanu	INTERVAL BETWEEN
UNDE	SES OR CONDITION IN THE OBOVE CONDITION RESIGNIFICANT CONDITION RESI	ouse (A) slo N last, DITIONS CON NOT RELATED	TRIBUTING	(C)	f tumor		
19A.D	ATE OF OPERATION		ON FOR WHICH OPER	ATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
E 211-	-26-65	Poly	poid growth	of sto	mach) yes	45 . 8 4	
_ OR CO	CCIDENT WAS UND NTRIBUTING CAU: (natify medical exami	SE OF	hame, farm, facto	NJURY (e.g., in ory, street, offic	or about 21 C. WHERE DID to bldg., INJURY OCCUR?	(It in Boltime	re City, give exact lacation)
0 21 D. TI		y) (Year) (H	four 21E INJURY OC	CURRED	21F. HOW DID I	NJURY OCCUR?	
OF INJ			While At Work	Not While At Work			
22 1		L	tended the deceases		ombon 1	19 65 to Nov	ember 26, 19 65
				oodsaabbanke	**************************************		
that () (we) last saw the	deceased a	live an NOVEMO	er co,	19and	that in (my) (aur) ap	inian death occurred an the c
		uses stated	abave. (I) (We) (did)	(did nat) vi	w the body after death	h	
234. 51	GNATURE						23 B. DATE SIGNED
MI	50/			M.D. Atten	Med. Director	Stoff Phys.	Nov. 27, 1965
250	ME (Type)				D. ADDRESS		
N		D. T. C. C.	20	M.D. 7	514 Divicion	St Raltim	ore 17, Maryland
	Satyanara L CREMATION, 24B	DATE DATE	24C. NAME of CEM	ETERY OF CREA			City, town, or county) (State
REMO	VAL (Specify)	, ,,					
Buri		1/30/6				altimore,	
25A. DATE			NAME OF REGISTRAL	0. 00	25C. FUNERAL DIRECT	h 11/	ADDRESS
	NOV 29	1200 (15	1 2 T C. WO.	ACCULANT.	White A	Jula /34	8 M. Cellon, St
	7. 1/1/65						



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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

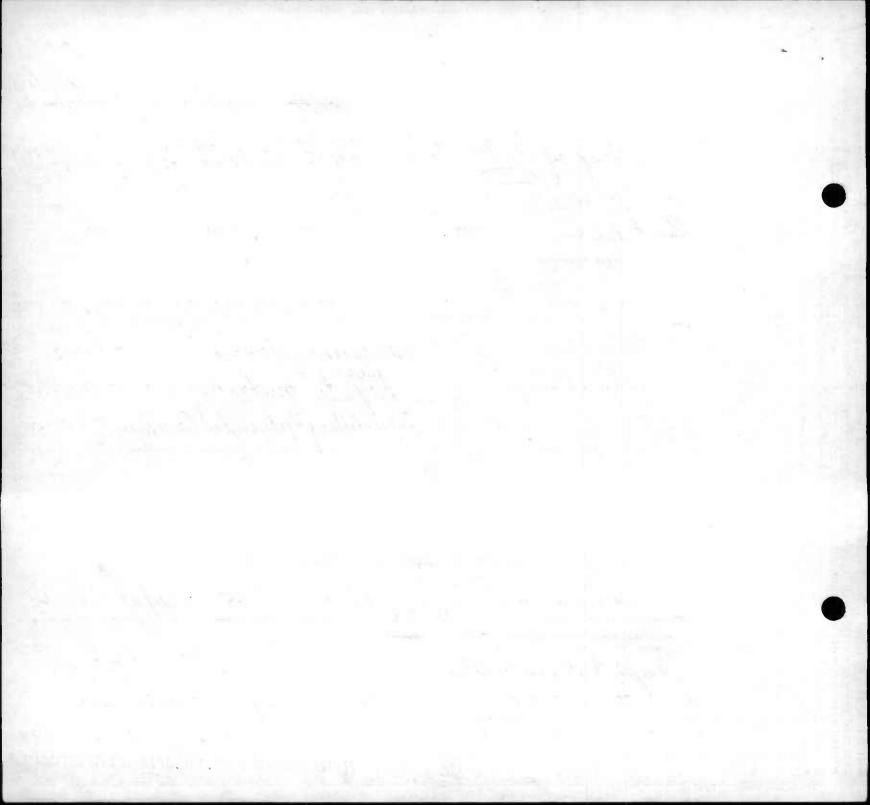
	10101	BALTIMORE CITY	HEALTH DEPARTMENT	OF 40404
	TH NO. 65 12181 E CASE NO.	CERTIFICA	TE OF DEATH Registered No.	65 12181
Тур	Pe or Print ALTELO , E	E. MILTON	2. DATE AND HOUR OF DEATH	29,1965 8.3 2
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution		4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY MARYLAND	
IN IN	HOSPITAL OR address or location) INSTITUTION Levinolale, Hebrew H		C. CITY OR TOWN (If outside city limits, write BALTIMORE	RURAL and give township)
_	In firmary -		3604 CLARINTH ROAD	
M	MALE WHITE WIDOW	WIDOWED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months: Days Hours Min.
	A USUAL OCCUPATION (Give kind of work 10B, KIND ne during most of working life, even if retired) ATTORNEY AT	OF BUSINESS OR INDUSTRY	BALTIMORE, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
13. F	FATHER'S NAME ZOLMAN ALTFELD	*	14. MOTHER'S MAIDEN NAME EVA LEVIN	
5. V Yes	Was Deceased Ever in U. S. Armed Forces? s.no gruphawn lift yes, give war or dates of service US ARMY	1 6. SOCIAL SECURITY NO.	MR. PHILIP Z. ALTFELD GRA	ADDRESS ASTY RD PIKESVILL
	18. 493X4 A 60 X	CAUSE OF		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		Pneumonia	4 days
ATION	DISEASES OR CONDITIONS, if ony, giving to the obove cause (A) stating to underlying condition lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	the (C)	setes mell.	
	19A. DATE OF OPERATION 19B. CONDITION FO		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, factory, street, off etc.)		re City, give exact location)
MEDI	OF INJURY	21E. INJURY OCCURRED While At Not While Work Not Work		
- 1	22. I certify that (I) (this haspital) attended that (I) ()		1964 to No. 1965 ond that in (my) (our) opi	inian death occurred on the d
	and hour and from the couses stated above. 23A. SIGNATURE R. M. W.	6.00	ending Med. Stoff	238, DATE SIGNED
	23C. PHYSICIAM'S Ruth Will		23D. ADDRESS Levindale, Hebrew Hom	
	BURIAL 11/30/65 E	SNAT ISRAEL	EMATORY 24D. LOCATION (C)	ity, town, or county) (State)
	NOV 3 0 1965 R. Ce	BE Habuma	SOL LEVINSON & BROS. INC.	ADDRESS 6010 REISTERSTOWN
VS 1	150-REV. 1/1/65			

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FUNERAL DIRECTOR: IMPORTANT

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.

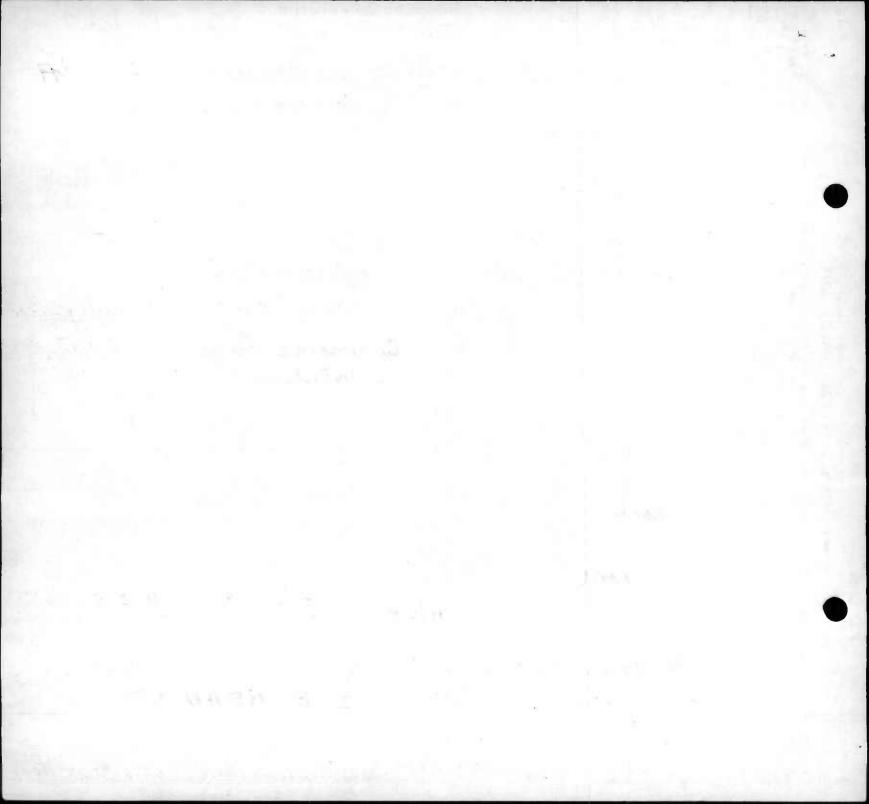
		BALTIMORE CIT	Y HEALTH DEPARTMENT		65 40100
BIRTH NO.	65 12182	CERTIFICA	ATE OF DEATH V	egistered No.	65 12182
1. NAME OF DEC		SNYDER	2. DATE AND HE	OUR OF DEATH	745/pm.
3. PLACE OF DEA	ATH IN BALTIMORE MARYLA	ND	A. STATE B. COUNTY	eased lived. If institut	tion: residence befate admission)
FULL NAME OF HOSPITAL OR)F (If not in hospital or in oddress or location)	stitution, give street	C. CITY OR TOWN (If outside	city limits, write RURA	ond give township)
Since	· Hosp. of 1.	Balti, The	D. STREET ADDRESS (If rurol,	give location)	= 13-03 bell blod
5. SEX Male	Caucasian	MARRIED MARRIED MARRIED	1/10/11	oirthdoyl 54 Me	Under 1 Yr. It Under 24 Hrs. Hours Min.
	UPATION (Give kind of work 108, working life, even il retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign co	(untry) 12	C. CITIZEN OF WHAT COUNTRY?
12u	tcher	MEAT	BALTIMORE, M	ARYLAND	USA
13. FATHER'S NA	SAM SNYDER		14. MOTHER'S MAIDEN NAME ANNA ?		
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Forces?	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	WW 2 ARMY		SEYMOUR RESNICK F	UNL HOME N	EW YORK, NEW YORK
18.14-2	. 7 1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	SE OR CONDITION DIRECT LEADING TO DEATH	LY	acinama Jana		o I mo
(This does r	not mean the made of dyin	ng, e.g., DUE TO			
	asthenia, etc. II means the application which coused dea		har for the	2/-	
	ANTECEDENT CAUSES	(B) DUE TO	afalle maa	mary	1 ×11160
rise to the	OR CONDITIONS, if any, e above cause (A) state G CONDITION fast.		maxillary Epidein	wid Caras	5m 72 mos
E TO THE D	III IFICANT CONDITIONS CONT EATH BUT NOT RELATED CONDITION CAUSING IT.				
19A. DATE OF		ON FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No) 200	3. IF YES, WERE FIND CERTIFYING CAUSES	INGS CONSIDERED
OR CONTRIBL	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	218. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore Cit	y, give exact locotion)
21D. TIME OF INJURY	(Month) (Doy) (Year) (H	out 21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
(APPROX)		While At Work At Work			/
22. I certify	that (1) (this hospital) of	tended the deceased from	11/16 196	5 to 11	128 1965.
that (4) (we)	lost saw the deceased al	ive on /// 28	19 ond that in	(my) (our) opinion	deoth occurred on the date
ond hour one	d from the couses stated a	bove. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATU	reph & Wein		Itending Med. Stoff Director Phys.		1//28/65
NAME ()	JOSEPH WEINST	OCK M.C	Smailtosp.	of Bali	to. Inc.
REMOVAL	MATION, 24B. DATE 11/29/65	WELLWOOD CEMET	/	4.	ISLAND, NEW YORK
	NOV 3 0 1965	NAME OF REGISTEAR	SOL LEVINSON & B	ROS.INC.601	O REISTERSTOWN RE
VS 150-REV, 1/1/	65				



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		BALTIMORE CITY	HEALTH DEPARTMENT		DE 40460
	BIRTH NO. 65 12183 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	65 12183
	T, NAME OF DECEASED (Type or Print)	aiken	2-PATE	ender 28,1	965 7-5 M.
1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE IV	Where deceased lives. If in	stitution: residence before a finitision)
	FULL NAME OF (If not in hospital or institution oddross or facation) INSTITUTION	on, givo stroel	c. CUP OX TOWN (III	outside city limits, write	RURAL and give township)
1	D 4003 Fords	leigh Road	D. STREET ADDRESS	Ne Wrutol, give (acotion)	
ė.		U	40037	ordligh	Kant
mad		MED, NEVER MARRIED WED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
on is	10A. USUAL OCCUPATION (Give kind of work 108. KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Plus SI		12. CITIZEN OF WHAT COUNTRY?
sposition	13. FATHER'S NAME	Nome	14. MOTHER'S MAIDEN		NO FF
disp	Lauis Judnic	Is 6. SOCIAL	Agena (aken	ADDRESS
tinal	(Yes, no or unknown) (If yes, give wer or dates of service		nothan al	ken-4000	- 1
10	18. 163×1	CAUSE O	F DEATH	0	INTERVAL STWEEN ONSET AND DEATH
med	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Co	ercenoma	Lung	6 mth +
pa	(This does not mean the made of dying, of heart failure, asthenia, etc. It means the disectinity or complication which caused death.)		c metastas	in-	
E e E	ANTECEDENT CAUSES	(B)			
Sare	DISEASES OR CONDITIONS, if any, give tise to the above cause (A) stating UNDERLYING CONDITION tast.		79 000 u.u. 000 000 u.u. 000 000 u.u. 000 000		AD ADDOOR OF THE CO.
remains	- 11				
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
e the	198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i homo, lorm, loctory, street, o etc.)	n or about 21 C. WHERE DIE ffice bidg., INJURY OCCUR	? (If in Boltimore	e City, give exact location)
ained		21E. INJURY OCCURRED While At Not While		INJURY OCCUR?	
btair	(APPROX)	Work At Work		19 LF to	11/28 10/3
pe o	22. 1 certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive to	11/20	19 65 and		nian death accurred an the date
must k	and haur and from the causes stated above	e. (1) (We) (did) (dfd nat) v	view the bady after dea	th.	23B. DATE SIGNED
	Dr Manuel Felds	manh M.D. Att	onding Med.	Stoll Phy s.	11/29/65
approval	23C. PHYSICIAN'S NAME (Type) MAIDIN = FELI	DMAN JR M.O.	23D. ADDRESS	READ.	ST.
	24A. BURIAL CREMATION, 24B. DATE 24G. PEMOVAL (Specily)	C. NAME of CEMETERY OF CR	EMATORY 24E	LOCATION (C)	ity, town, or county) (Stote)
written	25A, DATE REC'D BY HEALTH DEPT 25B, NAM	ME OF REGISTRAR	25C. FUNERAL DIREC	Jakengel TOR	ADDRESS
3	NOV 3 0 1965 M.P.	of E Stander MA	So Boton and	of Dione	boin Neur Kan

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deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.

Such

prior to death.

				BALTIMORE CITY	HEALTH DEPARTMEN	NT	
BIRT	H NO. 65	12184		CERTIFICA	TE OF DEAT	H Registered No	. 65 12184
	CASE NO.			GERTII 167			
	AME OF DECE	ASED			2. DA	TE AND HOUR OF DEAT	H
(lyp	e or Print)	16 KATI		7/1/5		1/21/15	1112 6
0 0	10/1		RYLAND	-/10-3		126/60	10 / N
3. P	LACE OF DEA	TH IN BALTIMORE, MA	KILAND		A. STATE B.	COUNTY	institution: residence before admission)
					A. SINIE	COOMIT	27/1
F	ULL NAME OF	(II not in haspital	or institution.	give street	11 MARYLAND		4 1-16
H	OSPITAL OR	address or location	1)		C. CITY OR TOWN	If outside city limits writ	e RURAL and give township)
11	NOITUTITE					the consider only mining, min	to the territorial programme and the
-	-	TEMTON CONTE	F. F. O. O. T. I.		BALTIMORE		
11		JEWISH CONV	LESCEN	I HOME	D. STREET ADDRESS	(If rurol, give location)	
		4601 PALL M				HEIGHTS AVEN	IIE.
*		4001 FALL M	ALL KUA	V	TOZI INKK	HETOHIS AVEN	UL
5. S	EV	6. RACE	7 AAABBIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
		o. KACE	WIDOWE	DIVORCED (specily)	B. DAIL OF BIKIN	lost birthdoyl	If Under 1 Yr., If Under 24 Hrs. Months Doys Haurs Min.
1	FEMALE	WHITE	107	DOWED		80	
			108. KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF
done	during most of w	orking lite, even if retired)					WHAT COUNTRY?
	HOUSE	WIFE	A.	T HOME	POL	AND	USA
12 .	ATHERS NAM		7.	1101112	14. MOTHER'S MAIDER		usn
13. [AIMERS NAM	E			14. MOTHER'S MAIDER	NAME	
	MORT	CHA WERNER			TOB	A ?	
	MORT	CITY WEIGHT			I UB:	A i	
15. 1	Vas Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown)	(II yes, give wor or dote	s of service)	SECURITY NO.		FORE.	STVILLE, MD'S
-	NO			NO	IND TARY CO.	UDETRED 2717	DANIELL OD
	INO			NO	MR. JACK SC	UKETOEK 3/1/	DONMELL DR
	18. // 3	1 81 71	3 V	CAUSE O	F DEATH	100	INTERVAL BETWEEN
	1	1 1 260	/ /			1	ONSET AND DEATH
	DISEASI	OR CONDITION DIE	RECTLY		. A.	1 = 1	
		LEADING TO DEATH		[4]	cute my	mark. 11 1a	1. t. 16 de
	(This done no	it meon the mode of	duino o o	(A)			Marine Samuel Samuel Samuel Samuel
		slhenia, elc. il means		DOE 10	9	/	
		lication which caused					
	injuly at camp	median wineir edused	d d d lili, /				
	A	NTECEDENT CAUSES		(B)		000000074666660007000000000000000000000	**************************************
				DUE 10			
		R CONDITIONS, if					
	rise to the	abave cause (A)	stoling the	(C)			
1	UNDERLYING	CONDITION last.					
-							
Z	OTHER SIGNIF	CANT CONDITIONS C	ONTRIBUTIN	G + '/	7 1	222	
1 €	TO THE DE	ATH BUT NOT RELA	TED TO TH	1E 1) 1 = 12	eles and	111-15	Mears.
4	DISEASE OR C	CONDITION CAUSING	Т.	- Mari	nes mes	Celas	
CERTIFICATION	19A. DATE OF			WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208. IF YES, WER	RE FINDINGS CONSIDERED
쁜	0	WAS PER	FORMED		# 1 .	IN CERTIFYING	CAUSES OF DEATH?
OC.	U				100		
Ü	21 A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	OID (If in Boltin	nore City, give exact location)
	OR CONTRIBU	TING CAUSE OF	hon	ne, lorm, foctory, street, o	fice bldg., INJURY OCCI	U R?	,, ,
CAL	DEATH (notify	medical examiner)	etc.)			
2							
	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
5	OF INJURY		WI	ile At Not Whi			
_	(APPROX)		Wo	rk At Work			
	22. I certify	that (1) (this hospital) attended t	he deceased from	11/26/6	5 19 to	19
				11/2			
	that (I) (yes)	last saw the decease	d alive on		19	nd that in (my)	pinion death accurred on the dat
		to disconsiderate		1) (WAW.) (11.1			
			ea abave. (1) (We) (did) (did nat)	view the body after de	earn.	
	23A. SIGNATUI	RE /			-		23B. DATE SIGNED
		1/2	7	M.D. Att	ending Med.	Stoff -	10/10/
	colo	The Const	7	M.D. All	ending Med.	Phys.	11/2/125
	23 C. PHYSICIAI	V* C		100	23D. ADDRESS		1-1
	III SI SIAI	7 47			UPPKF33		

M.D.

24D. LOCATION

BALTIMORE, ISRAE ANSHE SHARD CHURERAL DIRECTOR

25B. NAME OF REGISTRAR 3 0 1965

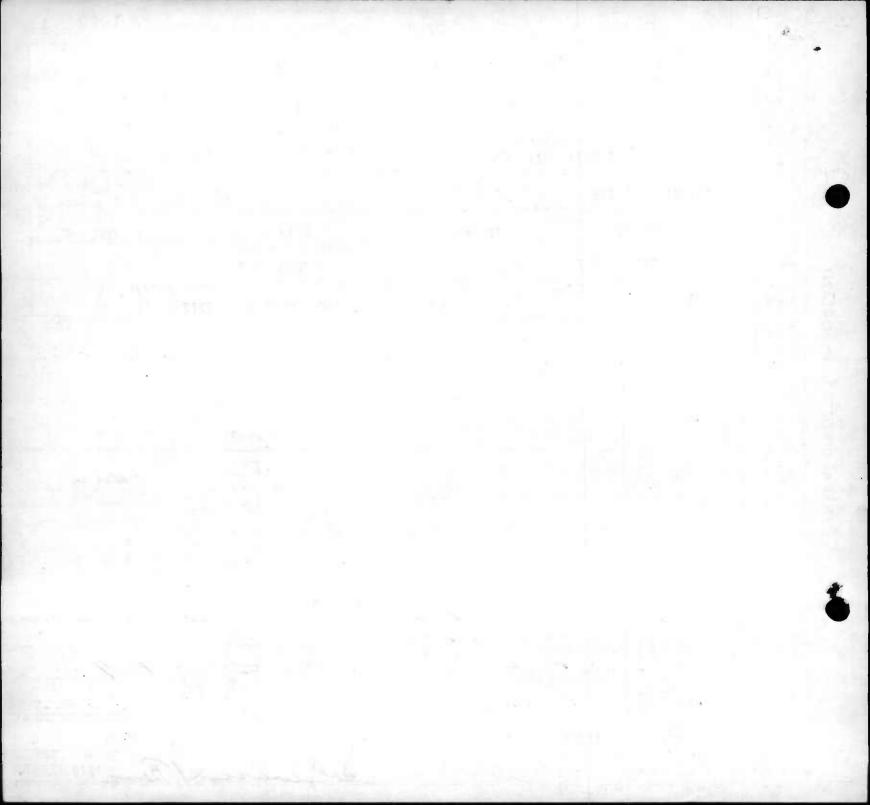
ADDRESS 6010 REIST.

VS 150-REV. 1/1/65

BURIAL

BURIAL CREMATION, REMOVAL (Specify)

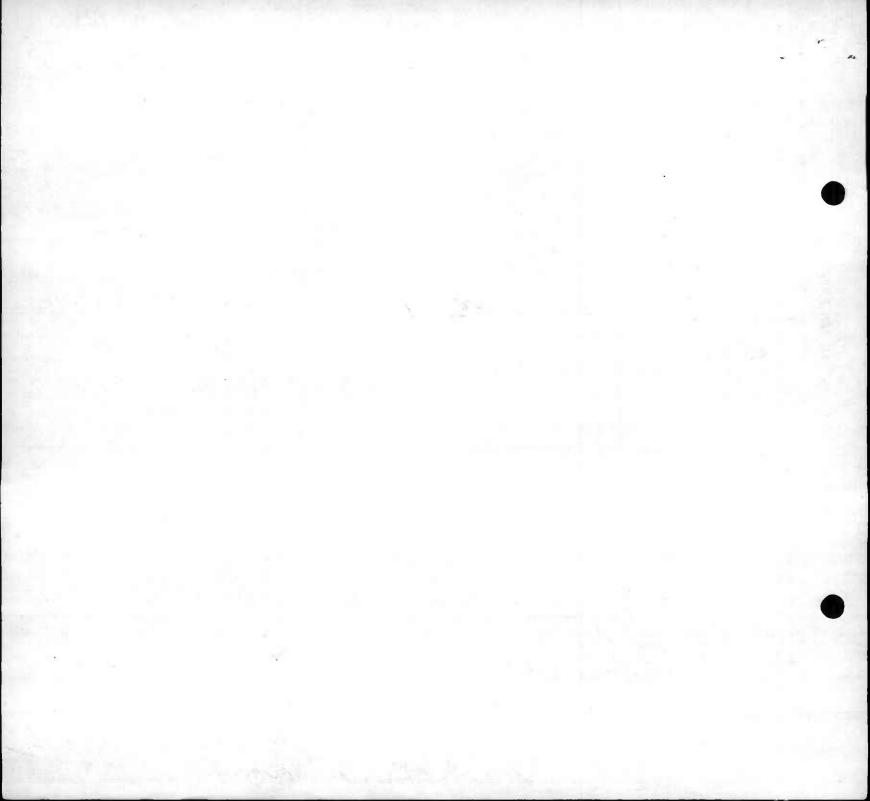
11/29/65



VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT
DUFLIMOKE	CIT I	LIEVELLI	DELVILLE

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 65 12185 CERTIFICATE OF DEATH Registered No. 00 12185
1. NAME OF DECEASED N. Nathan J. Davidor LOVEMBER 25/65 5:05 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where doceased lived. If institution; residence before admiss B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or location)
INSTITUTION Conditions of location described and give township)
D. STREEL ADDRESS (If rurol, give locotion)
3701 mento Dine
Made Whate Married, Never Married B. Date Of Birth 9. AGE (In yours lost birthdow) Months: Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY). BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Physician General actherania USA
13. FATHER'S NAME
abraham X. Vairdor Lacale:
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no grunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 20 Mrs. Clsic Davdov - 3701 Meslo-Ds
18. 420 INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mark Mark Mark Mark Mark Mark Mark Mark
(This does not mean the mode of dying, e.g., (A) DUE TO
heort foilure, osthemo, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES (B) // W Cor a con // Wall // Clause
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stating the (C)
UNDERLYING CONDITION loss.
Z CYLER SIGNIFICANY SOURTONS CONTRIBUTING
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify modical examine) CAUSE OF
21D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While
(APPROX.) While At Not While At Work
22. I certify that (1) (this hospital) attended the deceased from 1965 to 125 1965
that (I) (we) last saw the deceased alive an 1965 and that in (my) (aur) apinlan death accurred on the
and hour and from the causes stated gbave (1) (We) (dld) (did not) view the bady after death.
23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff 1
Phys. Diroctor Phys. 1/26/60
DR POBERT. I LEVY M.D. MEDICAL Arts BLOG
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, fown of county) (Stot
REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)
DUNIAL VIJOUN STITUTE IFILUTE VOOGLAWN. III AKYLANC
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTER / 25C. FURERAL DIRECTOR ADDRESS



	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 65 12186 M.E. CASE NO.	CERTIFICA	ATE OF DEATH		65 12186
T.NAME OF DECEASED (Typo at Print) HENRY BERN		11-27		3:45 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If instit	tution: residence before admission)
FULL NAME OF (If not in hospital or instit HOSPITAL OR address or location)	utian, give street	NEW YORK	ide city limits, write RUF	
2		LONG ISLAND		V N
THE JOHNS HOPK	INS HOSPITAL	10 CONSTABL	ral, give lacation) .E LANE	
S. SEX 6. RACE 7. MA MALE WHITE W	RRIED, NEVER MARRIED		AGE (In years N	If Under 1 Yr. If Under 24 His. Aanths: Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10 B. KII	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
dane during mast of warking life, even if retired)		New Vaer C		U.S.A.
13. FATHER'S NAME		NEW YORK C.	F	U, 3, 14.
SELWYN BERNSTEIN		ELAINE STEI		
15. Was Doceased Evor in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of so	vice) 1 6. SOCIAL SECURITY NO.	GUTTER MAN	FUN'L Home	Jersey City N.J.
18. 75 4.01	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A)	CONGENITAL CY	ANOTEC	
(This daes not mean the made of dying, heart lailure, asthenia, etc. It means the dis	e.g., DUE TO	HEART DISEASE	10 mm mm m m m m m m m m m m m m m m m m	
injury ar camplication which coused deoth,)	·			
ANTECEDENT CAUSES	(B)	ETROLOGY OF FA	LLOT	
DISEASES OR CONDITIONS, if any,				
iise la lhe abave cause (A) slaling		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE			
19A. DATE OF OPERATION 19B. CONDITION		YES	20 B. IF YES, WERE FIN IN CERTIFYING CAUSI	DINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimore C	ity, give exact location)
21D. TIME (Manth) (Day) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not Wh	nile		
	Wark At Wor	1	- C	65
22. I certify that (I) (this haspital) atten	ded the deceased fram		65 to NOV	• 27, 19 65
that (I) (we) last saw the deceased alive			t in(my) (aur) apinio	an death accurred an the date
and have and from the causes stated about 23A. SIGNATURE	ive. (i) (we) (aid) (aid nat)	view the bady after death.	la la	
23A. SIGNATURE	1,1	tending		3B, DATE SIGNED
Come Will	Verson A	ttonding Med. S	bhys. XX	11-27-65
23C. PHYSICIAN'S NAME (Typo) BRUCE W. WEISSMAN	M.C	. THE JOHNS HOP	PKINS HOSP	BTAL
	4C. NAME of CEMETERY of C	REMATORY 24D. LO	CATION (City,	tawn, ar caunty) (Stole)
KENDNAL (SPECIAL) AVAIL 29 1914	Mark C			
DURIAL NOV. 27, 1963	WASHING TON, CO	25C. FUNERAL DIRECTOR	OOKLYN, Ne	WYORK
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	A C I I	25C. FUNERAL DIRECTOR	6010	ReisTORETOWN RL
NOV 3 0 1965 102	BY CHI TOURSEN MIN	Spl Levinson	+BRES. BAI	Timore mo
VS 150-REV. 1/1/65	*			, , , , , , , , , , , , , , , , , , , ,

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Statement of the statem

1	-	-		~	,	•		
	PATODE TABLE	CHENCH CHICAGO	must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	a hospital (except where the physician who pronounced death was in regular attendance on the	r to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	and second that the first of the first second secon
			nust be approved	leased to the hos	cident of any natu	hospital (except	to death); and (6)	I manne ha a handa
			-	7	20	0	1	-

0/01		BALTIMORE CITY	Y HEALTH DEPARTMENT						
	BIR	TH NO. 65 12187 CERTIFICA	ATE OF DEATH Registered No. 65 12187						
and ase ase Such		CASE NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH						
- de de		JULIUS SAMUEL BAKER	NOV 28, 1965 11 A M.						
the of the	3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)						
		Child Market of the Control of the C	A. STATE B. COUNTY Maryland 15-10						
		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)						
cau Se; end	6	4021 Barrington Rd	Baltimore						
d cat d cat r att prior	1		D. STREET ADDRESS (If rurol, give location)						
0 + D - G 0			4021 Barrington Rd.						
occurribu ontribu ermine regular eased is mad	5. !	Male White Married, Never Married WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours Min.						
		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE or foreign contry) 12. CITIZEN OF WHAT COUNTRY?						
det det	don	Merchant Installment	Russia USA						
de de as	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
if d (4) U wa the spos		Unknown	Gertrude ?						
stant ind; ind; eath e on	15.	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT Randalla Botton. Md.						
ist he kin dec ce	(Te	s, no ar unknown) (If yes, give war ar dates of service) SECURITY NO.	Mrs. Albert Stein 9007 Samoset Rd.						
S + _ E II	-	11B. (A) CAUSE C	OF DEATH INTERVAL BETWEEN						
Simpo		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
Also, a of noun atter		LEADING TO DEATH	utenjocarded expection < 1 hr.						
		(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc., It means the disease,							
P ct Ct		injury ar complication which coused death.)	men attens (Perosis & 5 kg &						
fra fra		ANTECEDENT CAUSES (B) DUE TO	may attus clussi & 5 yrs						
Xan		DISEASES OR CONDITIONS, if any, giving	tre manthesance arteria						
(3) (3) an in in a		rise to the abave couse (A) stoling the UNDERLYING CONDITION lost.							
lical cal ns; icic icic		II							
adi bdi bdi bdi bdi bdi bdi bdi bdi bdi b	ATION	TO THE DEATH BUT NOT RELATED TO THE	Jernia						
YEY	CAT	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	200 AUTOBOY2 (Yes or No.) 208 SE VEC MERE EINDINGS CONSIDERED						
Sod Sod Sod Sod Sod Sod	RTIFI	WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
by by 2) E re t ph)	CE I	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Baltimore City, give exact lacation)						
the all b; (2)	CAL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	Since bidg., INJURT OCCUR?						
by W.	MEDIC	21 D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
hos natu ept d (6)	8	OF INJURY (APPROX.) While At Not Whi Work At Work							
y n y n y n y n d			4-15-64 19 10 11-27 1965						
app to the fan (e)		11	**************************************						
0 0 0 -	that (1) (we) last saw the deceased alive an 19 and that in (my) (ear) apinion death accurred an the date								
dent of ospital death)		and have and from the causes stated above. (1) (We) (did) (did not)	23B. DATE SIGNED						
3 9 5 6		and and All	tending Med. Stoff 11 29 (T						
			ys. Director Phys. 23D. ADDRESS						
An a An a prior		PAME (Type) Manuin Davis M.D.							
E - E	24/	Marvin Davis M.D. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR	6312 Liberty Ra.						
body ws: (I b.O.		REMOVAL (Specify)							
- 5 10 0 +	25	, , , , , , , , , , , , , , , , , , , ,							
The the short was deed	1	NOV 30 1965 R. Cab E. Fallana	SOU LEVINSON & BROS INC. 6010 Reist Rd						
This certification of the body shows: (1) was D.O. deceased written a	25/	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS						

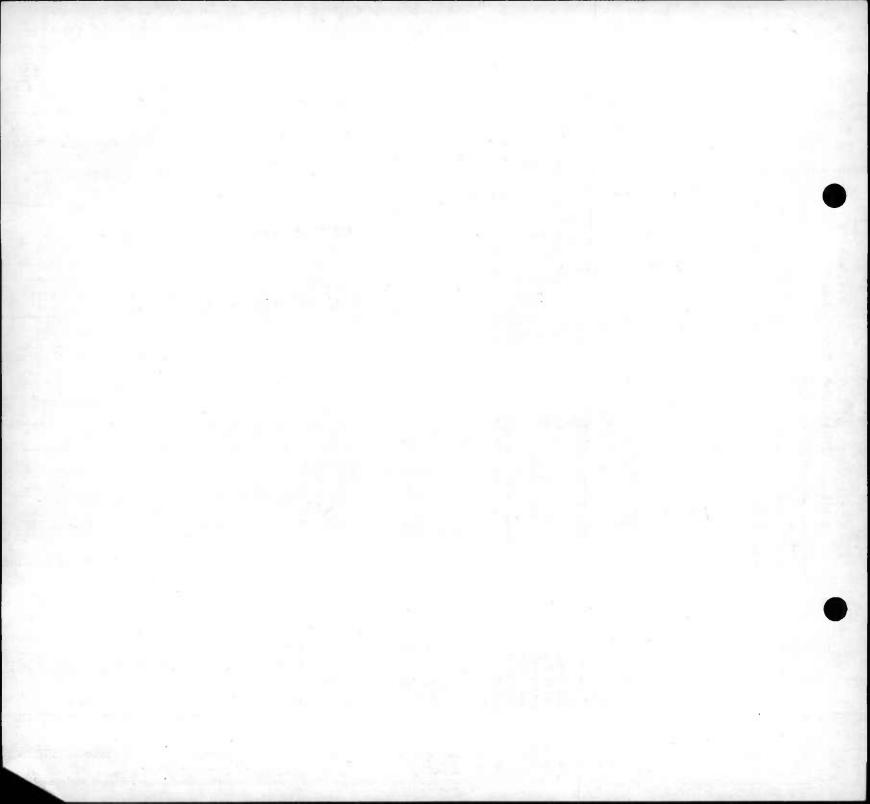
Baltimore, Maryland

25C. FUNERAL DIRECTOR
3 BROS INC. 6010 Reist Rd VS 150-REV. 1/1/65

and the special of the . Como stemantes (5 gr.) acte mofferen , Orlew-James Herman wo The V

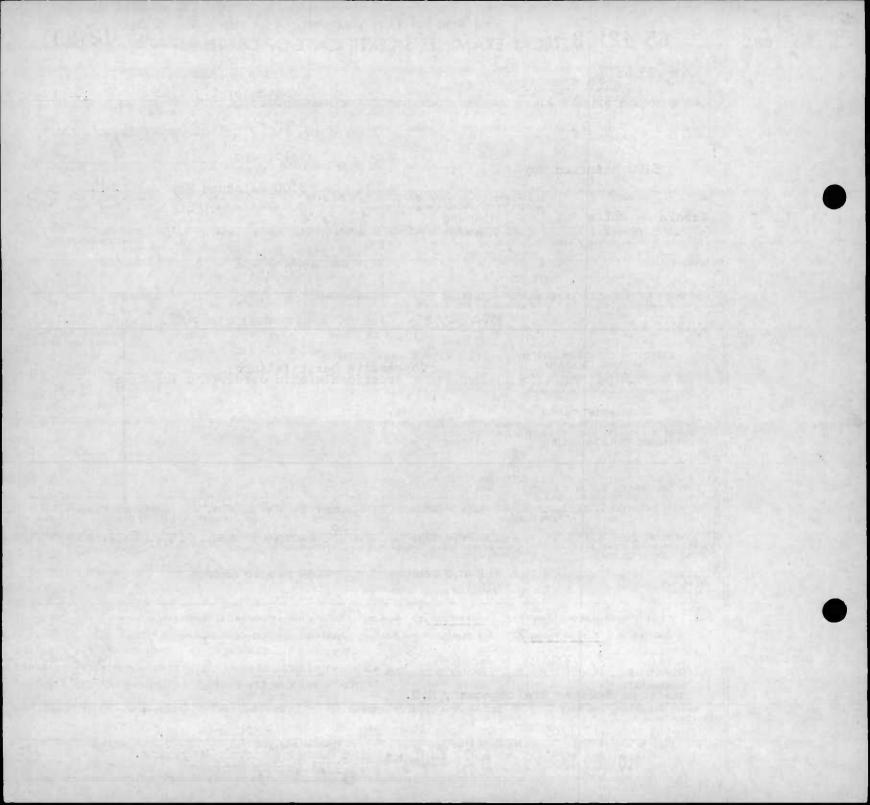
the direct IMPORTANT Also, e chief medical examiner FUNERAL DIRECTOR: the body was released to the hospital by by approved

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH r if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no GLORGE 11-24-65 death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance MARYLAND FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) 10 MARYLAND GENERAL HOSPITAL 824 LINDEN AVE prior D. STREET ADDRESS (If rural, give lacation) BALTIMORE, MARY LAND MADISON regular mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years last birthday) If Under 24 Hrs. Haurs Min. 6. RACE 8. DATE OF BIRTH If Under 1 Yr. deceased WIDOWED, DIVORCED (specify) Months Days Hours 10-31-02 MALE WHITE WIDOWED IDA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) = NEW USA Flidden Pemco Paint Co Chemist Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown death uo T 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give war ar dates of service) SECURITY NO. 605 NEAST AVE. attendance DARLENE JERSCHEID any CAUSE OF DEATH pronounced OL ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed ARCINOMA LUNG LEADING TO DEATH 11-18-65 (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury at complication which coused death.) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving 3 In the above couse (A) sloting the = physician remains UNDERLYING CONDITION last. Was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body the 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the CERTIFI WAS PEREORMED IN CERTIFYING CAUSES OF DEATH? 11-22-65 UNG before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? (II in Baltimare City, give exact lacotion) (except where °Z MEDICAL DEATH (notily medical examiner) etc.) any nature; obtained 9 (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work and Work 22. I certify that (I) (this haspital) attended the deceased from eq that (1) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date An accident of death) hospital must ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death, 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director Staff M.D 0 approval O 23 C. PHYSICIAN'S 23 D. ADDRESS prior at NAME (Type) 1605 A R10 M.D. D.O.A. Ξ 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (Stote) eceased (City, town, or county) REMOVAL (Specify) decease shows: Oak Lawn Cemetery Baltimore, Md. Was 25B. NAME OF REGISTRAR Schiminek Funeral Home, Inc. 1331xRkakrixxxxx 2601 E. Madison ADDRESS VS 150-REV. 1/1/65



BALTIMORE	CITY	HEALTH	DEDA	DTAKENIT

BIRT	TH NO. 65	1218	MEDIC	AL EX	AMINER'S C	ERTIFICA	TE OF I	DEATH Regi	stered 95_	1218	9
_	NAME OF DEC	EASED Ma	rtha				2. DATE AN	D HOUR PRONOU	CED DEAD		
. 171	De of Frini)	ROSETTA	SEKORA	A			Novem	mber 27, 1	965	3:55	P M.
3. P	LACE IN BALT	IMORE, MARY	LAND, WHE	RE PRONOU	NCED DEAD	4. USUAL RES		deceased lived. If i			
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN	N HOSPITAL	OR INSTITU	TION, GIVE STREET	C. CITY OR TO		e corporate limits, v	rrite RURAL on	d give towns	hip)
20	51	.00 Rain	tree Wa	ay		D. STREET AD	Baltimo	give location)	Ant	77	
5. S	female	6. RACE white	W	IDO WED, D	NEVER MARRIED DIVORCED (specify)	7/29/18	RTH	9. AGE (In year last birthday)	is If Under	1 Yr. If Under	
	USUAL OCCU			B. KIND OF	BUSINESS OR INDUSTR			n country)	12. CITIZE	N OF T COUNTRY?	•
20n	housewi	_	i ir retireu)	at he	ome	Baltim	ore, Md.		"""	COUNTRI.	
3. 1	FATHER'S NAM	Albert	P. Tur	ner			arah 0 B				
	WAS DECEASE				16. SO CIAL SECURITY NO.	17. INFORMAN			ADDRESS		
	,,	, o s, g, t o .	war or doles t		8-36-9785	Mrs. E	lsie Kuz	niarski, 42	25 Darn	all Rd.	. 36
	1B. // 5	3.7		22		E OF DEATH	2020 2-02			INTERVAL BI	
CERTIFICATION	(This does not heart failure, injury or con	DE OR COND LEADING TO asthenia, etc. application which NATECENDEN OR CONDITIO E ABOVE CAU NG CONDITIO II NIFICANT CON DEATH BUT R CONDITION	O DEATH made of differens the coused dec T CAUSES DNS, IF ANY JSE (A) STAT DN LAST. NDITIONS CC NOT RELA' CAUSING IT	ying e.g., e disease, lih.) 7. GIVING TING THE ONTRIBUTIN TED TO TH	(B)(C)(C)			ire ardiovascu			
CER	19A. DATE OF		WAS PERFO		VHICH OPERATION	20 A. AUTOP	SY? (Yes or No)	20B. IF YES, WERE			
1	21 A. EXTERNA	CALLSE WAS		218 8	PLACE OF INJURY (e.g.,	no	WHERE DID	Of in Palainess City	-1 1		
ш	UNDERLYING DUTING CAU	OR CONTRIB-		hame,	farm, factory, street,	office bldg., INJU	RY OCCUR?	in in ballimare City,	give exact to	cation/	
Σ	OF INJURY (APPROX.)	(Manth) (Do	oy) (Year)		HILE AT NOT AT V	WHILE 21 F.	TON DID INJU	IRY OCCUR?			
		tify that I he	-	uiry 🗌	Inspection X		L	s basis, death i			
		7	111	7	7 (4		MEDICAL EX				
	SIGNAT		11/8	744	is him	ASSISTANT	MEDICAL EX	AMINER &		DATE SIG	
	EXAMIN NAME (ER'S Type) Rud		reitene	ecker, M.D.		MEDICAL EX			11-27-	65
	AOVAL (Specify		DATE	230	C. NAME OF CEMETERY	er CREMATORY	23 D. L	OCATION (C	ity, tawn, or c	ounty)	(Stote)
	Burial		2/1/65	0	ak Lawn Ceme	tery	Ba	ltimore, 1	Id.		
24/	A. DATE REC'D	NOV 3		248, NAME (of REGISTRAR	Schim	RAL DIRECTOR	eral Home	A	DDRESS	
1/5	151-PEV 1/1/	65 Pa a				- 0	- 4				

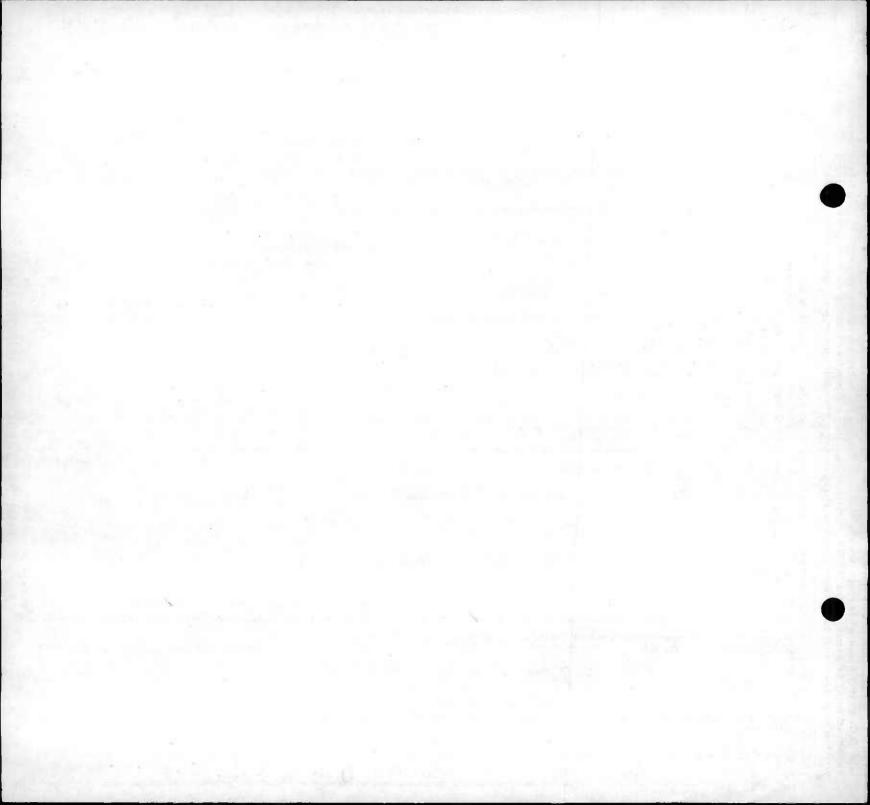


	BALTIMORE CIT	Y HEALTH DEPARTMENT	
MRTH NO. 65 12130 M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	65 12190
1. NAME OF DECEASED	DMOND	2. DATE AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE, MA		11-28-65	netitution residence belore admission
S. FEACE OF DEATH IN BALTIMORE, MA	KI CAND	A. STATE B. COUNTY	nsmonen, lesidence beidle admissi
	er institution, give street	MARYLUND	X
NOTITUTION		C. CITY OR TOWN (If eutside city limits, write	RURAL and give township)
+ SINAI HOSPITA	ALOF BALTO.	D. STREET ADDRESS (If rurel, give lecetion)	06-00
		3950 SOUTHCLARE	00 4 13
F OFF	T AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	B. DATE OF BIRTH 9. AGE (In yeers	124 # 13
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	9-20-92 lest birthdayi	If Under 1 Yr, II Under 24 H Manths Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work dene during most of working life, even if retired)	108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12, CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Beitl	er	works Marion Frederick	C
15. Was Deceased Ever in U. S. Armed Ferr		17. INFORMANT	ADDRESS
(Yes, ne er unknewn) (If yes, give war ar dete	s of service) SECURITY NO.		
		Mrs. Virginia Sparks, 3320	brendan Ave., 13
heart failure, asthenia, etc. It means injury at camplication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above cause (A) UNDERLYING CONDITION last.	death.) (B) DUE TO DUE TO stoling the (C)	energinalement leg Peters der ma	
OTHER SIGNIFICANT CONDITIONS C	TED TO THE		
DISEASE OR CONDITION CAUSING I	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Ne) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (netity medical examiner)	21B. PLACE OF INJURY (e.g., heme, ferm, factory, street, etc.)	in et ebout 21 C. WHERE DID (If in Baltime	re City, give exact lecation)
21 D. TIME (Manth) (Day) (Yeer) OF INJURY (APPROX.)	(Heur) 21 E. INJURY OCCURRED While At		
22. I certify that (I) (this hospital) ottended the deceased from 10	1965 10	1-28 196
		19 f ond that in (my) (our) op	
ond hour and from the causes stat		The state of the s	
23A SIGNATURE	(, (,)	Boo, oner coolin	23B, DATE SIGNED
Kinga de m 11	10 0 M.D. AH	lending Med. Stefl Phys.	11/28/65
28C. PHYSICIAN'S	er fr on se. Ph	ending Med. Steff Phys. 23D. ADDRESS	11/28/63
NAME (Type)	APIC SR. M.D. M.D.		BACTO. MD
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME OF CEMETERY OF CE	EMATORY 24D. LOCATION (C	City, town, er county) (State
Burial 12/1/65	Baltimore Cemete	ery Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		
NOV 30 1965	DO RESTAIL MA	Schiminek Funeral Home,	Inc.

25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

Schimunek Funeral Home, Inc. 0331 Brehms Lane

VS 150-REV. 1/1/65



IMPORTANT DIRECTOR FUNERAL

the chief medical examiner

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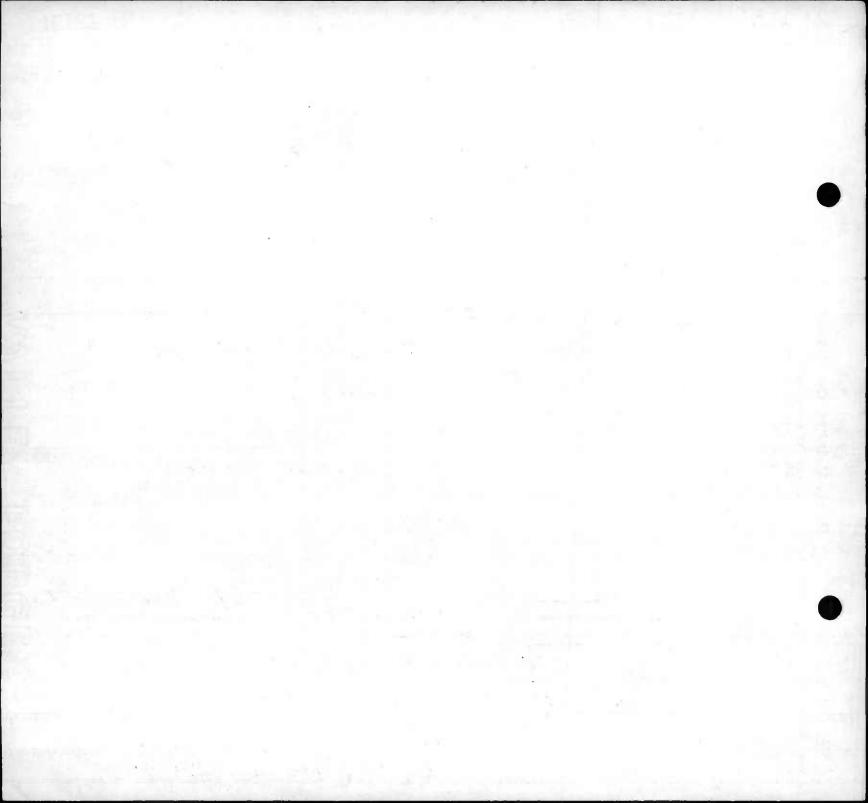
(2)

Undetermined cause;

contributing

BALTIMORE CITY HEALTH DEPARTMENT 65 12191 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) VERA V. JOHNSON 26, 1965 4:30 p. Nov. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence belare admission) B. COUNTY Md. 21205 FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore (If rural, give location) 3115 Chesterfield Ave., D. STREET ADDRESS 718 N. Linwood Avenue Baltimore, Md., 21213 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) mad 9. AGE (In years 5. SEX B. DATE OF BIRTH tf Under 24 Hrs. Hours Min. If Under 1 Yr. Months! Days Hours 10/13/1882 white widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most all warking life, even if retired) housewife at home Solomons, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Evans Olive Daugherty 15. Was Deceased Ever in U. S. Armed Farces ADDRESS 17. INFORMANT or final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. 3115 Chesterfield Ave. Kendall Johnson, son, ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not meon the mode of dying, embal heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the the remains UNDERLYING CONDITION lost. robable Ca-Colon CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? Ilf in Baltimare City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR! OF INJURY While At Not White (APPROX.) Work At Wark 22. I certify that (I) (this hospital) ottended the deceased fram that (1) (we) last sow the deceased alive on... and hour and from the causes stated above. (1) (Wa) (did) (did-not) view the body after death, 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Stoff Phys. Director Phy s. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type Dr. Louis Klimes 4814 Bowley's Lane 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lawn, or county) REMOVAL (Specify)

ond that in (my) (que) opinion death accurred on the date Baltimore Cemetery Baltimore, Md. Schimunek Funeral Home, Inc. 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 13331 Brehms Lane VS 150-REV. 1/1/65



T 200

		1219MED	ICAL EXAMINER'S CI	ERTIFICA	TE OF	DEATH Registe	red No. 65 1219
\leftarrow	L CASE NO.	CEASED			2 DATE AN	D HOUR PRONOUNC	ED DEAD
(Ту	pe or Print)	FRAN	K E TYC			8-65	6:30 P.
3. F	LACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESID		deceased lived. If inst	itution: residence before admissi
				Maryla	ind	B. COL	INTY
HO	L NAME OF	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET			e corporate limits, write	RURAL and give township)
IN 2	NOITUTION			Baltim	ore		10-01
2		1043 GREENMOU	INT AVENUE	D. STREET ADD	RESS (If rurol,	give tocation)	***
				1043 G	reenmou	int Avenue	21202
5. 5	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRT	Н	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 F Months, Days, Hours, Mil
1	Male	White	Divorced	10/4/19	07	58	
10A	USUAL OCC	UPATION (Give kind of world	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	aretake	working life, even if retired)	Greenmount Cemetery	Baltim	ore, Mo		U.S.A.
13.	FATHER'S NA	ME		14. MOTHER'S M	AIDEN NAM	E	
J	ames Ty	rc		Mary Kuc	era		
15,	WAS DECEAS	ED EVER IN U.S. ARMED		17. INFORMANT		MARKET	ADDRESS
1	res	WW II	216-30-9794	August	W. Tvc.	908 N. Mon	ford Avenue
9	1B. // 9	9 1		OF DEATH	,,,		INTERVAL BETWEE
	TOK	ST 04 COMPINION -					ONSET AND DEAT
	DIZEX	SE OR CONDITION DI LEADING TO DEATH		#rioscler	otic ca	rdiovascula	r disease
	(This does	not mean the made of	dving e.g., XIXXXXX	CZ LOGO ZCZ		Larovascara	1 415-45-
	injury or co	implication which coused		aortic i	nsuffic	iency	
		ANTECENDENT CAUSE	:S				
		OR CONDITIONS, IF A		•••••			
	UNDERLY	TE ABOVE CAUSE (A) S' NG CONDITION LAST.	IAING THE				
S			(C)				
ATI	OTHER SI	II SNIFICANT CONDITIONS	CONTRIBUTING				
SE	TO THE	DEATH BUT NOT RE	LATED TO THE				
ERTIFICATION		F OPERATION CAUSING	IDITION FOR WHICH OPERATION	20A. AUTOPSY	(? (Yes or No)	20B. IF YES. WERE FI	NDINGS CONSIDERED
2	2	WAS PER				IN CERTIFYING CAU	SES OF DEATH?
¥	21 A. EXTERN	AL CAUSE WAS	218. PLACE OF INJURY (e.g.,	n or obout 21C.	WHERE DID		ve exoct location)
EDIC		OR CONTRIB-	home, form, factory, sheet, c	ffice bldg., INJUR	Y OCCUR?		
ME	21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 21E INJURY OCCURRED	215 H	OW DID INJ	LBY OCCUP?	
	OF INJURY	(IVIONIII) (DOY) (180		WHILE	011 010 11131	JRI OCCOR:	
			m. WORK AT W	ORK			
	22.	rtify that I held an I	ngulry Inspection Aut	apsy X an	d that on th	is basis, death in n	ny apinlan
	resu	Ited fram: Natural ca			ide 🗌	Undetermined mann	er T
						AMINER A	<u> </u>
	ACTUA		Tolar	ASSISTANT M			DATE SIGNED
	SIGNA		M. D.	ASSOCIATE A			11-29-65
	NAME		S. FISHER, M.D.	ASSOCIATE N	TEDICAL E.	NAMINE N	
	BURIAL CR	EMATION, 238. DATE	23C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City	, town, or county) (State)
	MOVAL (Speci Burial		65 11.3		T. 1 3		
1		BY HEALTH DEPT.	65 Holy Redeemer	Ceme tery	AL DIRECTOR	Baltimore, N	Id. ADDRESS
		NOV 3 0 1965		Schim	unek Fu	neral Home,	Inc.
		1404 9 0 1300	are desired	SOUT-	いろーいう 出	. Madison St	treet #5
VS	151-REV. 1/1	/65					

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

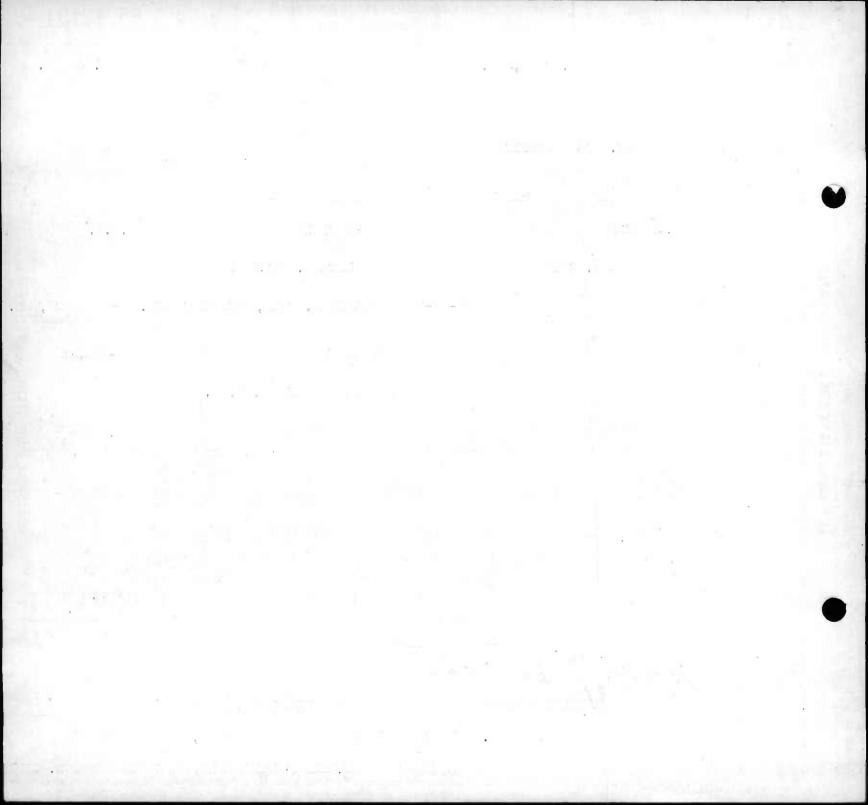
	. 00	BALTIMORE CIT	Y HEALTH DEPARTMENT		05 49402	
	65 12193	CERTIFICA	TE OF DEATH	Registered No.	65 12193	
M.E. CASE NO.		021(11110)		ND HOUR OF DEATH		
	rman Phil i p V	/hi++		Nov. 29, 196	5 . 6. 55 A	
	-				5 6:55 A	
S. PLACE OF DEAT	PLACE OF DEATH IN BALTIMORE, MARYLAND			NTY	sillonon: residence before damission	
FULL NAME OF	(fl not in hospital o	r institution, give street	Ky.		1/-15	
HOSPITAL OR	oddress or location)		C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
US Public	Health Servi	ce Hospital	Steele			
Wyman Pk.	Drive & 3 1	st Street	D. STREET ADDRESS	f ruiol, give location)		
			8. DATE OF BIRTH			
5. SEX M	W W	Married, Never Married widowed, Divorced (specify) Married	11/21/15	9. AGE (tn years lost birthday)	If Under 1 Yr. II Under 24 Hr Months Doys Hours Min.	
	ATION (Give kind of work) orking life, even if retired)	OB, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
Mine f		Mining	Ky .		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME		
Lee	Whitt		707 D	m = 1 da		
	ver in U. S. Armed Forc	es? 16. SOCIAL	Flora Rey	notas	ADDRESS	
(Yes, no or unknown)	II yes, give wor or dotes	of service) SECURITY NO.		a pro		
Yes	USN 1945-			5 PHS Hospita	al, Balto, Md.	
18. 209	4,31	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	OR CONDITION DIRE	CTLY	lmonary edema		Hours	
	EADING TO DEATH I meon the mode of	(A)	muorar J cacina			
heart failure, o	sthenio, etc. It meons	lhe diseose,	Bronchopneumonia			
	ANTECEDENT CAUSES (B)				Days	
		DUE TO	***************************************	***************************		
rise lo the	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.				Mos.	
	1					
E TO THE DE	CANT CONDITIONS CO	ED TO THE	Appendicitis			
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			10) 20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
	WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	jes	(If in Boltimore	City, give exact location)	
	ING CAUSE OF nedicol exominer		office bldg., INJURY OCCUR?			
0	Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID IN	IIIIBY OCCUPS		
S OF INJURY	Todyi (reon	While At Not Wh		IJOKI OCCOR:		
(APPROX)		Work At Work				
	(/ / (Oct. 22	19 65 to No		
that (1) (we) 1	ost sow the deceased	lolive on NOV. 29	19 65 ond 1	that in (m/y) (our) oplo	nion death occurred on the de	
ond hour ond	and hour and from the causes stated above. (1) (We) (dld) (sight for view the body ofter death.					
23A. SIGNATUR		Men.	•		23 B. DATE SIGNED	
TH	romes	M.D. At	tending Med. Director	Stolf Phys.	11/29/65	
23C. PHYSICIAN NAME (Typ	oe)		23D. ADDRESS			
	s J. Lau, Su		-	rar, Barto, M	Ma.	
24A. BURIAL CREM REMOVAL (Sp	ATION, 24B. DATE	24C. NAME OF CEMETERY OF CE	REMATORY 24D,	LOCATION (Ci	ty, town, or county) (Stote)	
BURIA		FAMILY DIDTAT	DOLING	IDG ODE		
25A. DATE REC'D E		FAMILY BURIAL C	25C. FUNERAL DIRECTO	DS CREER,	KENTUCKY WIT KENEDURESS	
N	IOV 3 0 1965	P DI PT & Stanber M.A.	1 6 6 61	/1	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
1	10100 1000	TO-CIECO	TOPPHED PONER	WILL HOME 410/	ARABAMS AVENUE 2	

VS 150-REV. 1/1/65

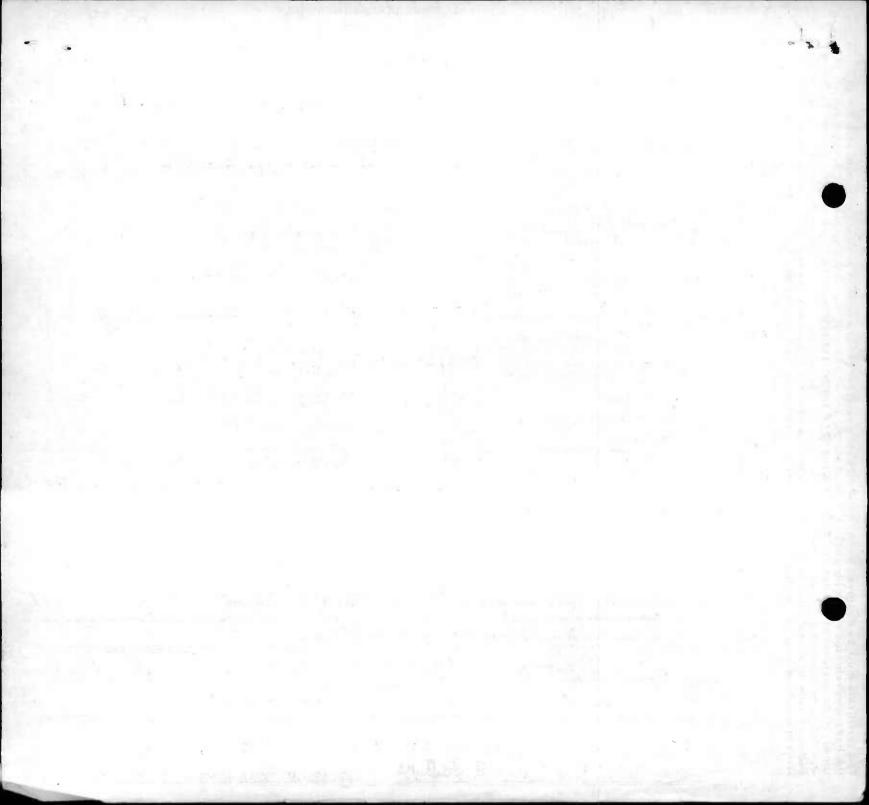
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VS 150-REV. 1/1/65

(3)	10101		BALTIMORE CITY	HEALTH DEPARTMENT	C5 4940A				
	5 12194		CERTIFICA	TE OF DEATH Registered No.	65 12194				
M.E. CASE NO.	EASED			2. DATE AND HOUR OF DEATH					
(Type or Print)	OSCAR H. G	RTM SR		11/27/65	44 50				
3. PLACE OF DE	ATH IN BALTIMORE, MA		•	4. USUAL RESIDENCE (Where deceosed lived, If					
FULL NAME C			pive street	MARYLAND BALTIMORE					
HOSPITAL OR INSTITUTION	oddress or locotio	n)		C. CITY OR TOWN (If outside city limits, write BALTIMORE	RURAL and give township)				
0	ST. AGNES H	OSPITAL		D. STREET ADDRESS (If rurol, give location)					
				4302 LEEDS AVENUE 212:	29				
5. SEX	6. RACE		NEVER MARRIED), DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.				
MALE	WHITE	MARRII		APRIL 27, 1886 79	Winning Doy's Hours Min.				
IOA, USUAL OCC	UPATION (Give kind of working life, even if retired)			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
CARPENTER				VIRGINIA	U.S.A.				
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME					
SAMUEL N. GRIM				KATE E. SHERMAN					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL				17. INFORMANT	ADDRESS				
NO NO	(If yes, give wor or dote	es of service)	216-10-3293	MELVIN A. GRIM, 112 VISTA	AMENUE-FERNDALE,				
1B. 4. 9	2.11		CAUSE O	F DEATH	INTERVAL BETWEEN				
DISEA	SE OR CONDITION DI	RECTLY			ONSET AND DEATH				
	LEADING TO DEATH		(A) C	ongestive heart failure 3-4weeks					
			(This daes not mean the made of dying, e.g., DUE TO						
	asthenia, etc. It means								
iniuty of con	notication which caused								
	antecepent caused	l death.)	(B) Art	eriosclerotic C. V. D.	77779				
	ANTECEDENT CAUSES	death.)	(B) Art	eriosclerotic C. V. D.					
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	any, giving	DUE TO						
DISEASES (ANTECEDENT CAUSES	any, giving	DUE TO	eriosclerotic C. V. D.					
DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last.	any, giving	DUE TO						
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DISEASES (ise to th UNDERLYING OTHER SIGN TO THE D DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING	any, giving stating the CONTRIBUTING ATED TO THE	(C)						
DISEASES (ise to the UNDERLYING TO THE DISEASE OR 19A. DATE OF	ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION last, IFICANT CONDITIONS COMMENTED CONDITION CAUSING F OPERATION 198. CON WAS PER	any, giving stating the CONTRIBUTING ATED TO THE IT.	C)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?				
DISEASES (iise to th UNDERLYING OTHER SIGN TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUS CONDITIONS CAUSE OF	any, giving stating the CONTRIBUTING ATED TO THE IT. HOTTON FOR WIFORMED	OUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING C.					
DISEASES (ise to the UNDERLYING TO THE DISEASE OR TO THE DISEASE OR TO THE DO THE DISEASE OR TO THE DEATH (notify)	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. II IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 198. CONWAS PER NT WAS UNDERLYING	any, giving stating the STATES TO THE STATES TO THE STATES TO THE STATES TO STATES THE STATES TO STATES THE STATES TO STATES THE STA	OUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?				
DISEASES (ise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION DEATH (notify) 21A. ACCIDE OR CONTRIBUTION DEATH (notify) 21D. TIME	ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION last. IFICANT CONDITIONS COEATH BUT NOT RELATED TO THE CONDITION CAUSING F OPERATION 198. COMMAS PER NT WAS UNDERLYING UTING CAUSE OF	any, giving stating the CONTRIBUTING ATED TO THE IT. ADDITION FOR WIFORMED 218. hometc.)	OUE TO (C) WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?				
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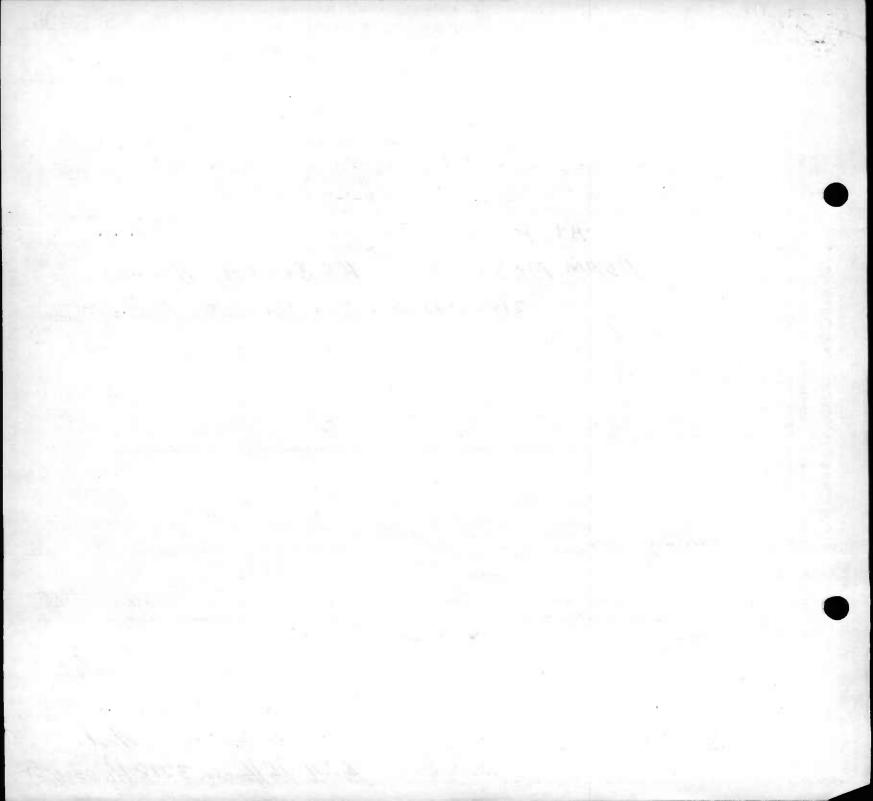
05 49405	BALTIMORE CITY	HEALTH DEPARTMENT		65 12195
ыктн но. 65 12195	CERTIFICA	TE OF DEATH	Registered Na	00 16100
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	-
(Type or Print) MRS. JAKE	TEUFEL	- Nov.	28,1965	1515 PM N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	decedsed lived. If insti	tution: recipience before odmission)
FULL NAME OF (If not in hospital or institution,	give street	5 Gidding	. AUR. C	Je Dotton Soupri
HOSPITAL OR address or focation)	5	C. CITY OR TOWN (If outs	ide city limits, write RU	RAL and give to Poship MI
0 6 11 11				52-710
Bon Secours Hospital			urol, give location)	
		3 Gidding.	s Avenue	
SEX 6. RACE 7. MARRIED	D. DIVORCED (specify)		AGE (In years	If Under 1 Yr. If Under 24 Hrs. Norths; Doys Hours; Min.
FW		6-22-23	1/2	
DA. USUAL OCCUPATION (Give kind of work 10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life even if retired)	a . IM	1 Marielan	,	11 C A.
3. FATHER'S NAME	on a Manageme.	14. MOTHER'S MAIDEN NAM	L NE	1010111
+no	- 6		1	
JOHN MYERS	11 (Emma Sc	HAAR	
5. Was Deceased Ever in U.S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
Unknown (NO)	216-12-9440	Mrs, JAne	trufel -8	same as above
18.5-10.11	I CAUSE O		12-1-6-1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	显 第 .			ONSET AND DEATH
LEADING TO DEATH		ARDIAC AR	REEV	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	E 3 MONE TOPO	ST Tousillectom	in local a	ines 74.
injury or camplication which caused death.)	F 132 11			bas O .
ANTECEDENT CAUSES	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	a stive julius	many a fe	ced ans
DISEASES OR CONDITIONS, if ony, giving	2 3 :	orderal edes)	
rise to the obove couse (A) staling the UNDERLYING CONDITION last.	8 (C) C	erena enco		••••••
11	3			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	E TO BE	SIGNED	BY	THE
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RECATED TO THE DISEASE OR CONDITION CAUSING IT.	5 5	/-	MEDICAL	EXAMINER
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
B11-22-65 DEVIATES	otum +tonsillitis	Yes	IN CERTIFYING CAUS	ES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltmore C	city, give exact location)
OR CONTRIBUTING CAUSE OF hon etc.		fice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
OF INJURY	nile At Mot While			
We	ork At Work			
22. I certify that (this hospital) attended t		11-21	9 GV 10 11-	28 19 65
that (we) last saw the deceased alive an	11-28	19.65 and tha	t in (my) (aur) apinlo	an death accurred an the dat
and hour and fram the causes stated above.	(We) (did) (did not)_v	iew the body after death.		
23A. SIGNATURE	Deel		2:	B. DATE SIGNED
Warred (Wansura	M MU M.D. Atte	nding Med. Director	Stoff Phys.	11-28-65
23C. PHYSICIAN'S		23D. ADDRESS	,	(
NAME (Type)	ALLAN) M.D.	Bon Ska	ours No	wh
4A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY OF CRE	MATORY TOOM TECH	sura 170	ayi.
REMOVAL (Specify)	WATER OF CENTELEKT OF CKE		CATION (City,	town, or county) (Stote)
BURIAL 12/2/65 LOT	JDON PARK CEME	TERY BAL'	TIMORE, MARY	LAND
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	ADDRESS
NOV 3 0 1965 12 0 5	C. Markey Mil	HUBBARD FUNER	AL HOME 4107	WILKENS AVE. 212
'S 150-REV. 1/1/65				THE STATE STATE



BIRTH I			BALTIMORE CIT	TY HEALTH DEPARTMENT		
		196	CERTIFICA	ATE OF DEATH	Registered No	65_121
	ASE NO. OU LA	1100		2. DATE	AND HOUR OF DEAT	rH
Туре о	r Print) RO	BERTHA	AUGUSTA MAKOWSKI	111	176/65	112:45
PLA	CE OF DEATH IN BALTIM			4. USUAL RESIDENCE (WA. STATE B. CO		institution: residence befare a
FUL!	L NAME OF (If not in	n haspital ar or location)	institution, give street	Maryland c. city or town (If	autoida aik. Iimita imit	e RURAL and give township)
INST	Baltimore	City	Hospitals	Baltimore	durside city limits, whi	RUKAL and give lawnship!
/	4940 East	-	-		(If rural, give lacation)	1-01
/			land, #21224			004
. SEX	6. RACE		MARRIED, NEVER MARRIED	B. DATE OF BIRTH	Street, #21	If Under 1 Yr., II Under
Fe	emale White		WIDOWED, DIVORCED (specify) Divorced	10-4-1907	last birthday) 58	Months Days Hours
	UAL OCCUPATION (Give k		B. KIND OF BUSINESS OR INDUSTR	RT 11. BIRTHPLACE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTRY?
5110 00	ing nos or norking me, even	AT	HOME	Maryland		U.S.A.
3. FA1	HERS NAME	,,,	110111	14. MOTHER'S MAIDEN N	IAME	
	nnn	In A	1-11-00	D-0-		n
5 14/.	NVM.	Amed 5	164610	ME BEC	-CH H	hous
Yes, na	Deceased Ever in U.S. A arunknawn) (If yes, give w	war ar dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			215-09-4396	RECORDS: BCH.	4940 Easte	ern Ave., #21224
18.	443 XI			OF DEATH		INTERVAL BETW
	DISEASE OR CONDI		CTLY			ONSET AND DE
	LEADING TO		(A) Max	ssive intracered	Gual hand	402 co 36 ho
	nis does not mean the art failure, asthenia, etc.		ying, e.g., DUE TO			1
	ury or complication which		eath.)	1		
	ANTECEDENT	CAUSES	(B)	experience		- years
Di	SEASES OR CONDITIO	NS, if on	y, giving	45CUB		
	e la lhe abave cau NDERLYING CONDITION		lating the (C)	45(00)		120c)
-	TEACHING CONDITION	. 1031,				
N O	THER SIGNIFICANT COND	OTTONS CO	NTRIBUTING			
	THE DEATH BUT N	NOT RELATE	D TO THE			
TI TO						
	SEASE OR CONDITION C	198. CONDI	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar	No. 208. IF YES, WER	RE FINDINGS CONSIDERED
	SEASE OR CONDITION C	198. CONDI WAS PERFO	TION FOR WHICH OPERATION	Yes	IN CERTIFYING C	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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AL CERTIFIC JOSE JOSE JOSE JOSE JOSE JOSE JOSE JOSE	A-DATE OF OPERATION	WAS PERFO	21B. PLACE OF INJURY (e.g.		(If in Baltim	
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22/ 19/ 21/ ORE 21/ OR OR OR (A	A ACCIDENT WAS UNDE CONTRIBUTING CAUS ATH (notify medical examinular injurity proximal caus (Manth) (Day 1) (D	was PERFO ERLYING	21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.) (Haur) 21E. INJURY OCCURRED White At Not Work Not Work Ottended the deceosed from olive on 1/2 4 M.D. A	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID I hile 1965 ond 1965 ond 1965 ond 1965 ond 1975.	NJURT OCCUR? 1965 to that in (my) (our) oh.	11/26 19
WEDICAL CERTIFICAL CRATIFICAL CRATIFICAL CALL CALL CALL CALL CALL CALL CALL	A ACCIDENT WAS UNDE CONTRIBUTING CAUS ATH (natify medical examination). Time (Manth) (Day 1) (1) (this of (1) (ma) lost sow the dependent of the core	was PERFO ERLYING	21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.) (Haur) 21E. INJURY OCCURRED White At Not Work Not Work Ottended the deceosed from olive on 1/2 4 M.D. A	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID I hile	NJURT OCCUR? 1965 to that in (my) (our) oh.	11/26 19 spinion death occurred an 238. DATE SIGNED
OR DE OF (A 223.6)	A. ACCIDENT WAS UNDE CONTRIBUTING CAUS ATH (notify medical examination). Time (Manth) (Day INJURT PPROX.) I certify that (!) (this bot (!) (sp) lost sow the dhour and from the country of the country o	was PERFO ERLYING SE OF Inner! y) (Year) hospitol) of deceosed uses stoted PIERCE (21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.) (Haur) 21E. INJURY OCCURRED White At Not Work Not Work Ottended the deceosed from olive on 1/2 4 M.D. A	in or about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID I hile 11/24 1965 ond vlew the body ofter deof Nedding Med. Director 23D. ADDRESS 04940 Eastern At	NJURT OCCUR? 1965 to that in (my) (over) oh. Stoff Phys.	11/26 19 spinion death occurred an 238. DATE SIGNED
OR DE OF (A 22)	A ACCIDENT WAS UNDE CONTRIBUTING CAUS ATH (notify medical examination). Time (Manth) (Day INJURT PPROX.) I certify that (1) (this cot (1) (see) lost sow the department of the cot A. SIGNATURE C. PHYSICIAN'S NAME (Type) DR. DAVID P	was PERFO ERLYING SE OF Inner! y) (Year) hospitol) of deceosed uses stoted PIERCE (218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Haur) 21E. INJURY OCCURRED While At At Wark Ottended the deceosed from olive on 1/25 d obove. (!) (We) (did) (did not) M.D. A	in or about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID I hile 11/24 1965 ond vlew the body ofter deof Nedding Med. Director 23D. ADDRESS 04940 Eastern At	NJURT OCCUR? 1965 to that in (my) (over) oh. Stoff Phys.	11/26 19 pinion death occurred an 238. DATE SIGNED 11/26/65
OR DE OF (A 22)	A. ACCIDENT WAS UNDE CONTRIBUTING CAUS ATH (notify medical examination). Time (Manth) (Day INJURT PPROX.) I certify that (!) (this but (!) (sp) lost sow the dhour and from the count. SIGNATURE E. PHYSICIAN'S NAME (Type) DR. DAVID P URIAL CREMATION, 248. EMOVAL (Specify)	was PERFO ERLYING SE OF Inch y) (Year) hospitol) of deceosed uses stoted PIERCE DATE 296	218. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) (Haur) 21E. INJURY OCCURRED While At At Wark Ottended the deceosed from olive on 1/25 d obove. (!) (We) (did) (did not) M.D. A	in or about 21C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID I hile 11/24 1965 ond vlew the body ofter deof Nedding Med. Director 23D. ADDRESS 04940 Eastern At	NJURT OCCUR? 1965 to that in (my) (our) oh. Stoff Phys. D. Venue, Balti	11/26 19 pinion death occurred an 238. DATE SIGNED 11/26/65

1965

VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

1	65 12197 BALTIMORE CITY HEA	ITH DEPARTMENT 65 1940m
BIF		ERTIFICATE OF DEATH Registered No
	LE CASE NO.	ENTITION IE OF DEATH
T.	NAME OF DECEASED ype or Print)	2. DATE AND HOUR PRONOUNCED DEAD
	Robert T. Thompson, JR	11/26/65 12:10 p.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
FU	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
	OSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corparate limits, write RURAL and give township)
n	0/10 % 1.4 7. 7.	Baltimore D. STREET ADDRESS (If rural, give location)
1	3410 Hawkins Pt. Rd.	
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED	3410 Hawkins Pt. Rd. B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H
	male colored MARCIED	11-10-1888 lost birthday) Months, Days, Hours, Min
	male colored /Y/ARRICD DA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR	
do	HANSY ON AN Fredered FUNERAL	West Urginia WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Miknoon	Unknown
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no arunknowni,(iif yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS PT
16	No. 248-10-3128	Rosa Eus Thompson - 3410 HAM King
	18. // CAUS	E OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
	LEADING TO DEATH Arteri	osclerotic cardiovascular disease
	(This does not mean the mode of dying e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E C	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CERTI		20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED
		no IN CERTIFYING CAUSES OF DEATH?
) UNDERLYING OR CONTRIB- home, form, foctory, street,	in or obout 21C. WHERE DID (If in Baltimore City, give exact location) office bldg., INJURY OCCUR?
(ED)	UTING CAUSE OF DEATH.	
2	OF INJURY	21F. HOW DID INJURY OCCUR?
	(APPROX.) WHILE AT NOT	WHILE OF THE PROPERTY OF THE P
	22. I certify that I held an Inquiry Inspection X Au	topsy ond that an this bosis, deoth In my aplnion
	resulted from: Natural causes Accident Suicio	
	/ /	CHIEF MEDICAL EXAMINER
	SIGNATURE Allenia In San M.D.	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 11/26/65
	NAME (Type) Werner U. Spitz, M.D.	
	3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY EMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	BURIAL 11-30-65 Mt. CAIVA	RY MH. CO. MARYIAR
24	4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR 1735 HARTON ADDRESS
	NUV DI IMPO O DI Pro Se office II a a	TANIA DELLA AUE

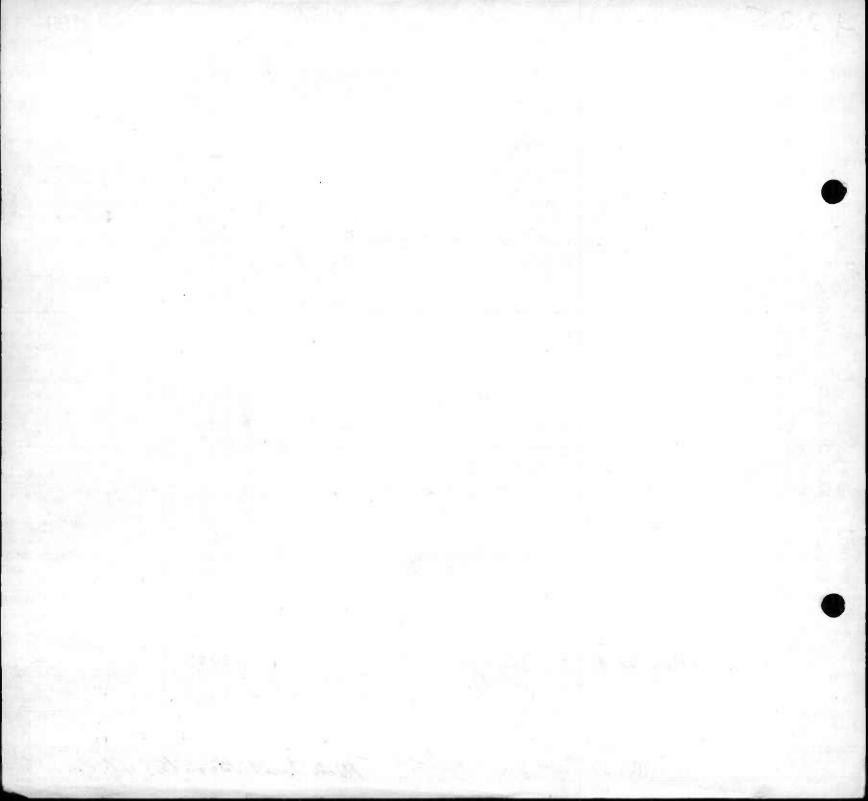
5	0	2)	1	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦳	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	r his assistant i Nso, if the dire	of any kind; (4	ounced death	ttendance on t	ned or final disp
IRECTOR:	examiner o	(3) A fracture	in who pron	in regular a	is are embaln
UNERAL D	e chief medica by a medical	Body burns;	e the physicic	ohysician was	ore the remain
	oproved by the	any nature; (2	(except wher	oN (9) pub :	obtained bef
	cate must be a ras released to	An accident of	at a hospital	deceased prior to death);	proval must be
	This certified the body w	shows: (1)	was D.O.A.	deceased p	written ap

		BALTIMORE CITY HEAL	IN DEPARTMENT		OF LOIDE
	+ NO. 65 12198	CERTIFICATE	OF DEATH X	Registered Na	65 12198
	CASE NO.		2. DATE AND	HOUR OF DEATH	
	e or Print) LAMM	William	1/2.10	/	415 6:00 P
R. PI	LACE OF DEATH IN BALTIMORE, MARYLAI		ILAL PESIDENCE (Where	nber 261	titution: residence before odmiss
	THE OF BEATT IN PARTITIONS WANTED	A. ST		/ /	la l
FU	ULL NAME OF (If not in hospital or ins	titution, give street	Maxulan	d Hr	no Hrundo
H	OSPITAL OR oddress or location)	c. c	TY OR TOWN (III outside	e city limits, write RI	JRAL and give township)
5	13111011014		asadena	7	52-00
-		D. \$1		d, give location)	0
S	Well Ralt' assis	Carried Glacial	0-13	V 1111	2 1 1.
7	DOLL KOLL ILLIONS	Gerreral Mosfila	17.0 100		Deach Due
SE SE		ARRIED, NEVER MARRIED 8. DA		AGE (In years	Months: Doys Hours Mi
71	nale White	maybiled 51	1/17	48	
Øλ.	USUAL OCCUPATION (Give kind of work 108.	IND OF BUSINESS OR INDUSTRY 11, BI	RTHPLACE (State or logeign	country)	12. CITIZEN OF
done	during most of working life, even if retired)		1 AKOT!	Nico	WHAT COUNTRY?
	Meshane 5	eal test foods D	ON NEST AN	1, GACCE	
3. F	ATHERS NAME	14. M	OTHERS MADEN NAME		
	Tahn Nan	200		1	
C 14	John Man	1/ 500111	JUC 9 1	11905	Appress
Yes,	Vas Deceased Ever in U. S. Armed Forces? no or unknown) (II yes, give wor or dotes of s	ervice) 16. SOCIAL 17. IN	FORMANT	"	ADDRESS
		8	1.00 P 14.	175	Boy 1111 B.
1	18.420.11	CAUSE OF DEA	TH CITAL	2010	INTERVAL BETWEEN
				^	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL	Y	200 /	n () /	1.
1	LEADING TO DEATH	(A) HCuto	Myscarde	al make	tron
	(This does not mean the mode of dyin			20//	
	heart foilure, asthenia, etc. It means the		0	. (/	
	injury ar complication which coused death	thetern	-1. X ()	1 . 0	
	ANTECEDENT CAUSES	(BV)	ascusijo Ch	and and	
	DISEASES OR CONDITIONS, if any,	giving	breen		
	rise to the obove couse (A) stati				
	UNDERLYING CONDITION last.				
	11				
Z	OTHER SIGNIFICANT CONDITIONS CONTI				
ATION	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
U I		N FOR WHICH OPERATION 20	A. AUTOPSY? (Yes or No)	20B. IF YES. WERF FI	NDINGS CONSIDERED
ERTIFIC	WAS PERFORM	ED		IN CERTIFYING CAU	SES OF DEATH?
EX.	21 A ACCIDENT WAS UNDERLYING	219 81 4 65 05 1211189/	autore where	(16 :- B 1-	Pik
4	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in or ob home, form, foctory, street, office blo	Ig., INJURY OCCUR?	(It in Boltimore	City, give exact locotion)
CAL	DEATH (notify medical examine)	etc.)			
- L	21 D. TIME (Month) (Doy) (Year) (Ho	ut) 21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUP?	
5	OF INJURY		THE HOLD HATOK	I JCCOR:	
die	A DEBENIA	While At Work At Work			
	(APPROX.)				
		and all all and a second of	10		
	22. I certify that (1) (this haspital) atta			ta	
	22. I certify that (1) (this haspital) atta				
1	22. I certify that (I) (this haspital) attention (I) (we) last saw the deceased ali	ve an	19and that		
	22. I certify that (I) (this haspital) atte that (I) (we) last saw the deceased ali and haur and from the causes stated a	ve an	19and that		Ion death accurred an the
	22. I certify that (I) (this haspital) attention (I) (we) last saw the deceased ali	bave. (I) (We) (did) (did nat) view th	19and that ne bady after death.	in(my) (aur) apin	
	22. I certify that (I) (this haspital) atte that (I) (we) last saw the deceased ali and haur and from the causes stated a	ve an	19 and that body after death.	in(my) (aur) apin	Ion death accurred an the
1	22. I certify that (I) (this haspital) attent (I) (we) last saw the deceased aliand haur and from the causes stated a 23A. SIGNATOR	bave. (I) (We) (did) (did nat) view th	and that body after death. Med. Sh	in(my) (aur) apin	Ion death accurred an the
1	22. I certify that (I) (this haspital) atte that (I) (we) last saw the deceased ali and haur and from the causes stated a	bave. (I) (We) (did) (did nat) view th	19 and that body after death.	in(my) (aur) apin	Ion death accurred an the
1	22. I certify that (I) (this haspital) attention (I) (we) lost saw the deceased aliand haur and from the causes stated a 23A. SIGNATOR	bave. (I) (We) (did) (did nat) view th	and that body after death. Med. Sh	in(my) (aur) apin	Ion death accurred an the
1	22. I certify that (I) (this haspital) attention (I) (we) lost saw the deceased aliand haur and from the causes stated a 23A. SIGNATOR	bave. (I) (We) (did) (did nat) view the Phys. M.D. Attending [23D, A]	Med. Sh. Director Ph	off Gu	23B. DATE SIGNED 11/26/65 Hapair
1	22. I certify that (I) (this haspital) attention (I) (we) last saw the deceased aliand haur and from the causes stated a 23A. SIGNATOR	bave. (I) (We) (did) (did nat) view the M.D. Attending [23D. A	Med. Sh. DORESS Outh Bal	off Gu	23B, DATE SIGNED 11/26/65 Hapala
1	22. I certify that (I) (this haspital) attention (I) (we) last saw the deceased aliand haur and from the causes stated a 23A. SIGNATORE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	bave. (I) (We) (did) (did nat) view the Phys. M.D. Attending [23D, A]	Med. Sh. Director Ph	off guarion (City	23B. DATE SIGNED 11/26/65 Happele
244.	22. I certify that (I) (this haspital) attent (I) (we) last saw the deceased aliand have and from the causes stated a 23A. SIGNAPOLE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	bave. (I) (We) (did) (did not) view the Attending Phys. 23D. A. M.D. Attending Phys. 23D. A. M.D. L. Attending Phys. 24C. NAME of CEMETERY or CREMATO	Med. Sh. Director Ph	in(my) (aur) apin off ys. D ATION (City	23B. DATE SIGNED 11/26/65 Hapair
244.	22. I certify that (I) (this haspital) attempted that (I) (we) last saw the deceased aligned have and from the causes stated a 23A. SIGNATORE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Specify) CONTROL OF THE REMOVAL (Specify) DATE REC'D BY HEALTH DEPT. 25B.	bave. (I) (We) (did) (did not) view the Attending Phys. 23D. A. M.D. Attending Phys. 23D. A. M.D. L. Attending Phys. 24C. NAME of CEMETERY or CREMATO	Med. Shorter Director Balance	off guarion (City	238. DATE SIGNED 11/26/65 Hapala 1, town or couply) (Sto
24A. 25A.	22. I certify that (I) (this haspital) attent (I) (we) last saw the deceased aliand have and from the causes stated a 23A. SIGNAPOLE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	bave. (I) (We) (did) (did not) view the Attending Phys. 23D. A. M.D. Attending Phys. 23D. A. M.D. L. Attending Phys. 24C. NAME of CEMETERY or CREMATO	Med. Shorter Director Balance	off guarion (City	238. DATE SIGNED 11/26/65 Hapala 1, town or couply) (Sta

The state of the s

/		7
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).
RTANT	ssistant if death occurrent the direct or contri	was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased prior
FUNERAL DIRECTOR: IMPORTANT	l examiner or his a examiner. Also, if	n who pronounced in regular attended
FUNERAL DI	y the chief medical	here the physicia No physician was
	ust be approved by	nospital (except w death); and (6) I
	This certificate m the body was rel	was D.O.A. at a l deceased prior to

	Y HEALTH DEPARTMENT
M.E. CASE NO.	ATE OF DEATH Registered No. 65 12199
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess of location) INSTITUTION	A. STATE B. COUNTY Anne Arunde C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Glen Burnie
University Hospital	Box 7362 Doffson Lane
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH Jan. 12, 1921 9. AGE (In yeors If Under 1 YI. If Under 24 Hrs. Months Doys Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none	S.C. 45A
13. FATHERS NAME	14. MOTHERS MAIDEN NAME
? Richardson Vollan Moses	Rosa Lee
15. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	FUGENG AUSTIN CLENBURNIE MY
NO CAUSE C	
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	Ronal Failure Tun Wholes
(This does not mean the mode of dying, e.g., DUE TO	revallation en 1 mo meens
heart foilure, osthenia, etc. It meons the disease, injury at camplication which caused death.)	
ANTECEDENT CAUSES (B) Ch	ronic Clomerulo nephvitis
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) stating the (C) Oil	5 ystemic Lugus
UNDERLYING CONDITION last.	1 Evytherhatosis
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
m	125 1/0
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	in or obout 21C. WHERE DID Office bldg., NJURY OCCUR? (If in Boltimore City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not White At Work At Work	
	19 65 and that in (my) (500) applican death occurred on the date
that (1) (we) last sow the deceased alive an Nov. 27	The date
ond hour and from the causes stated abave. (1) (He) (did) (did not)	
Bernard du Buy M.D. AH	rending Med. Stoff Phys. 238. DATE SIGNED
23 C. PHYSICIAM'S NAME (Type) M.D.	23D. ADDRESS il niversitio 4.50 fol fol H Md
Dernard du par	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burne 12/1/1965 CARVER ME	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIONAR	25C. FUNERAL DIRECTOR ADDRESS
NOV 30 1965 02 200 2 300 1967	Med fare P & Layer 638 n.G. cmon &
VS 150-REV. 1/1/65	



VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH	DEPARTMENT		CE	49900
	TH NO. 65 12200		CERTIFICA	TE O	F DEATH	Registered No.	_ 63	12200
1. N	AME OF DECEASED				2. DATE ANI	HOUR OF DEATH		
		HOMAS	J.	301	1	1-27-65		3:45A M.
3. P	LACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUA A. STATE			nstitution: resid	ence before admission)
F	FULL NAME OF (If not in hospital		give street		RYLAND	2) - 4	/
	HOSPITAL OR address or location	1)		-	OR TOWN (If outs		-	ve township)
1	CT ACHEC HOCE	1741			TIMORE TADDRESS (IF)		NE 29	& BENSON A
	ST. AGNES HOSP	ITAL		JE	NKINS MEMO	DRIAL HOS		G DENSON A
5. S	MALE WHITE	WIDOWE	D, NEVER MARRIED D, DIVORCED (specify)	8. DATE (ost birthday)	onths; Do	Yr. If Under 24 Hrs. ys Hours Min,
	. USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or foreig	an country)	12. CITIZEN WHAT	OF COUNTRY?
1011	Clerk	B. &	O. R. R.	MA	ARYLAND		II. S	5.A.
3.	FATHER'S NAME			14. MOTI	HER'S MAIDEN NAM	A E		
	JOSEPH SMITH				DORA BRA	ADY		
5. Ye:	Wos Deceased Ever in U.S. Armed For s,no arunknown) (If yes, give war ar date	ces? s of service)	218051464	ST.	AGNES RE	CORDS -CA		WILKENS AV
_	18. 420.11		CAUSE O	F DEATH				ERVAL BETWEEN
	DISEASE OR CONDITION DIE	RECTLY	/	1.				SET AND DEATH
	LEADING TO DEATH	duine a	(A)/	Ten	eralize	d athe	nor	1999 V V
	(This does not mean the mode of heart failure, asthenia, etc. It means	the disease	, DUE TO		is mi	-		
	injury or complication which coused		s cle	100	us and	n con	oran	1
	ANTECEDENT CAUSES		DUE TO		vlue		1	f
	DISEASES OR CONDITIONS, if							
	UNDERLYING CONDITION lost.							
z	OTHER SIGNIFICANT CONDITIONS (ONTRIBLITIA	ıc					
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TI	HE		-			
ERTIFICA		DITION FOR	WHICH OPERATION	20 A. A	YES	20B. IF YES, WERE	FINDINGS CO	NSIDERED ATH?
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	211	B. PLACE OF INJURY (e.g., i	in or about	21 C. WHERE DID	(If in Boltimo	re City, give e	xact location)
CAL	DEATH (notity medical examiner)	etc		ince orași,	mayar occor.			
EDI	21D. TIME (Month) (Doy) (Year)		E. INJURY OCCURRED		21F. HOW DID INJU	JRY OCCUR?		
\$	(APPROX)	W	hile At Not Whi	te 🗌				
	22. I certify that (1) (this hospital) ottended	the deceased from NO	VEMB	R 23 1	965 10 N	OVEMBE	R 27 19 65.
	that (I) (we) last sow the decease	d alive on	NOVEMBER 2	719		*		occurred on the dote
	and hour and from the causes state							
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	23C. PHYSICIAN'S			23D. ADD				
	BENJAMIN	C. GUZ	MAN M.D.	ST A	AGNES HOSE	TAL. BA	LT0.29	. MD.
24/	A. BURIAL CREMATION, 24B. DATE		IAME of CEMETERY OF CR				City, town, or c	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	두속	S 3	\$ 0 €

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) November 28, 1965 AAthony G. Staylor
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY Md. Balto. (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore
D. STREET ADDRESS MEM. ItOSP INNION (If rural, give location) 2806 Huntingdon Ave.
TE OF BIRTH
9. AGE (In yeors lost birthdoy) 5. SEX 6. RACE 7, MARRIED, NEVER MARRIED B, DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) Hours 12-7-1899 Male White Widowed 12-7-1899 65

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Police-Retired U.S.A. Balto. City Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) 2155455-6452 Mrs. Evelyn Wyma 2806 Huntingdon Ave. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arcenoma of holeing LEADING TO DEATH DUE TO (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram non, 26 65 that (1) (wa) last saw the deceased alive an... ...and that in (my) (bur) opinion death occurred on the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff 11-29-65 Phys. L 23D. ADDRESS 23C. PHYSICIAN'S approv NAME (Type 846 cu. 36 355 HOFFMAN 24A. BURIAL CASAAATION. 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. Druid Ridge Cemetery

258. NAME OF REGISTRAR

25C. TUNERAL DIRECTOR Balto. Md



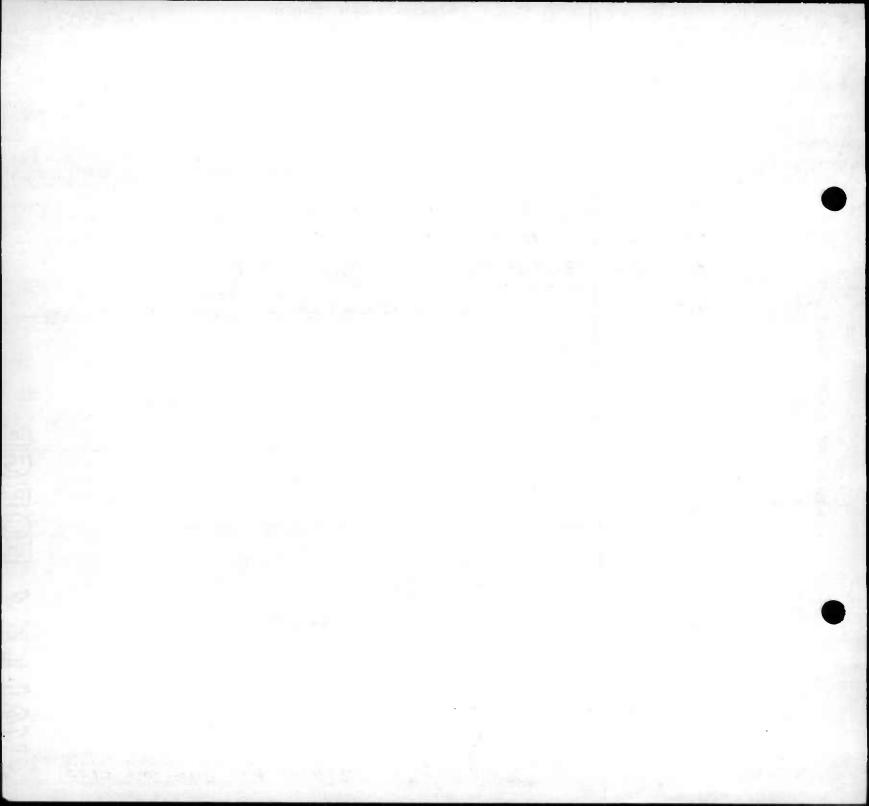
52-1	BALTIMORE C	TY HEALTH DEPARTMENT 65 12202
Such		ATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) FRANK SZCECIEN	SKI NOU. 26, 65 9:30 P. M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: rasidance balance damission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddross or lacation) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	INSTITUTION address or location) SOUTH BALTO. GEN. HOSP	BALTO-
		D. STREET ADDRESS (If rurol, give location) 1502 ELM TREE ST.
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	APRIL 1, 1892 9. AGE (In years If Under 1 Yr. Hours Min. Months Days Hours Min.
	BURNER PATAPSCO SCRAI	WHAT COUNTRY?
-	ANTHONY SZCECIENSKI	14. MOTHERS MAIDEN NAME MARY GORSKIP
	15. Was Decased Ever in U. S. Armed Forcas? (Yes, no grunknown) (If yes, give wor or dates of sorvice) NO 16. SOCIAL SECURITY NO. 215-05-796	17. INFORMANT 1501 FILBERT ST.
		OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	my ocar diat infaction few hours
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	Intriorchet C.V. diseine years.
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	, in ar about 21C. WHERE DID (If in Baltimara City, give exact location) office bldg., INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Wark At W	ink 🔲 📗
	22. I certify that (I) (this hospital) attended the deceased fram	7/28 19 58 10 /1/26 19 65
	that (1) (we) last sow the deceased alive on	
	and haur and from the causes stated above. (I) (We) (did) (did not	
	23A. SIGNATURE R. S. I I M.D.	Attending Med. Stoff
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	Sidney R. Gehlert, M.D. M	17 100 Controlly 39 art.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF BURIAL (Specify)	CREMATORY 24D. LOCATION (City, lown, or county) (State) Com. Church Churchel Co. Mel.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR . 2007 Eastern ADDRESS
l	NOV 30 1965 M. D. 16 & Statemen	10 Flallowski Balto. md. 21231

(State) Buricul 11-30-65 Holy Cross Cem.

25A. DATE REC'D BY HEALTH DEPT.

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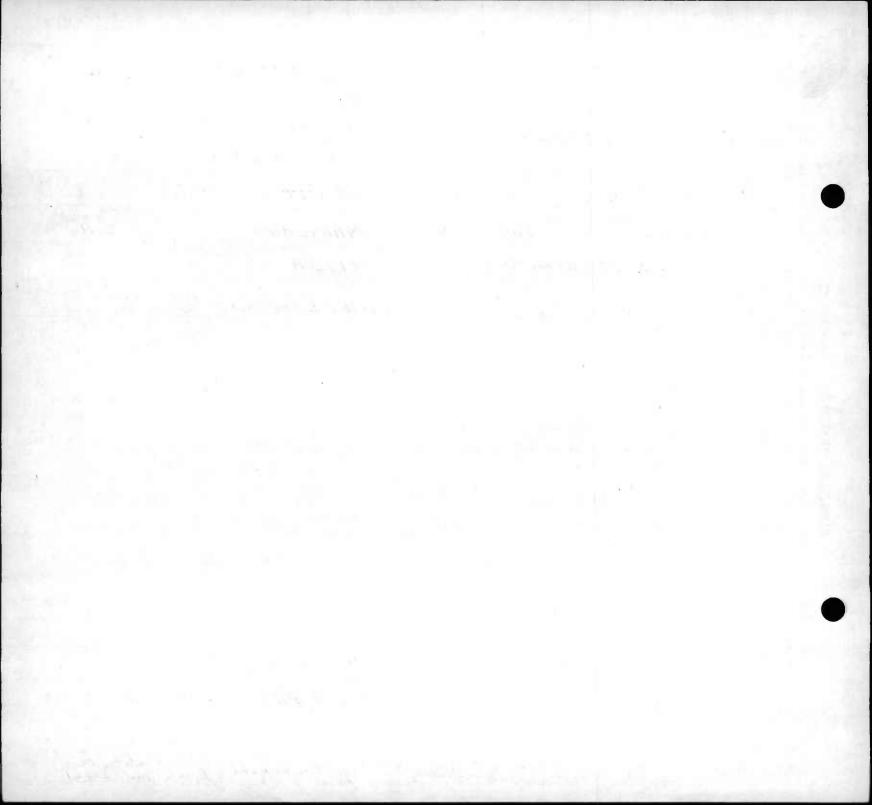
VS 150-REV. 1/1/45 anne arundel Co. mel. 25C. FUNERAL DIRECTOR
10. Flalkowski 2007 Eastern address Balto. md. 21231 VS 150-REV. 1/1/65



BALTIMORE CITY	HEALIH	DEPAKIMEN
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	e during most of v GAURL	varking life, even if retired)	CUST	OM HOUSE	M	ARYLAN	D		U.S. A	
	FATHERS NAM			*		HERS MAIDEN N				
•	JOHN .	X. KOWALE	-WSK	/	TOI	FILIA				
5. Ye	Was Deceased s, no or unknawn	Ever in U. S. Armed Fo	es al service)	16. SOCIAL SECURITY NO.	17. INFO		TOM	1100	CHURCH	57.
_	1B. 4/1	(= \4		213-48-9389 CAUSE OF				duense	INTERVAL	BETWEEN
ATION	DISEASES On the UNDERLYING	al meen the made of asthenia, etc. It means plication which causes. ANTECEDENT CAUSE: R CONDITIONS, if a abave couse (A) CONDITION last. FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	s the disease, d death.) S ony, giving stoting the CONTRIBUTIN ATED TO TH	(B) COT DUE TO	ebr	lset	Iro			
CERTIFICATION	19A. DATE OF		NDITION FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes ar	No) 208. IN C	IF YES, WERE I	FINDINGS CONSIDE USES OF DEATH?	RED
CAL C	OR CONTRIBU	TING CAUSE OF medicot examiner)		B. PLACE OF INJURY (e.g., in me, farm, foctory, street, of .)				(If in Bottimare	City, give exact la	cation)
MEDI	21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		injury OCCURRED Not While At Work		21F. HOW DID	INJURY O	CCUR?		
		that (I) (this hospital last saw the deceas		the deceased from 17		1			Mon death accurr	
	and have and	from the causes sta	ited abave. (1) (10) (did) (did-not) v	iew the	bady after deat	h.			
	23A. SIGNATU	RE /	1) 1	M.D. Atte	ending (Med.	Stoff r		23 B. DATE SIGNED	9-1-11
	23C. PHYSICIA NAME (T)		Ky	Phy	s. 23D. ADD	Director L	Staff Phys.	an All	5. BALTO	MA
	SAI	MUEL	1141:	M.D.	201					
1	REMOVAL (S	MATION, 248. DATE	05 H	oly Cross Ce	MATORY		Inne	arund	le Co. 7	me (State)
25/	. DATE REC'D	BY HEALTH DEPT. NOV 3 0 1965	25B. NAME	OF REGISTRAN	25C.	FUNERAL DIRECT	FOR	2007	Eastern C	ESS
		MOA 9 0 1202	Mokies	- Marines	10	77-000	-700	Back	5. mcl. 212	3/

VS 150-REV. 1/1/65



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are emhalmed or final discoving and prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

BRTH NO. 65 12204 M.E. CASE NO. 1. NAME OF DECEASED 1. PLACE OF DEATH IN BALTIMORE, MARYLAND 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived, II institution; residence before od A. STATE B. COUNTY WARYLAND 4. USUAL RESIDENCE (Where deceased fived, II institution; residence before od A. STATE B. COUNTY WARYLAND	
1. NAME OF DECEASED (Type of Part) NET 1: NAME OF DECEASED 2. DATE AND HOUR OF DEATH NOT. 26. 1985 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before od A. STATE B. COUNTY	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before of	1 M
2 1 1 2 3	mission)
FULL NAME OF (If not in hospital or institution, give street hospital or institution) give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
Baltimore D. STREET ADDRESS (If rurol, give locotion)	
1105 R. Fayette Street 502 East Fort Ave	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. Months: Doys Hours 91	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTH LACE (State or foreign country)	
done during most of working life, even if retired) Housewife Own Home Annapolis, Maryland U.S.A.	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Charles Bettierens	
Charles Pettiecone 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Ves, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 18. SECURITY NO.	
Mrs. Tully 502 R. Fort Ave.	
18. 2 6 0 X CAUSE OF DEATH INTERVAL BETWEE	
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO	
heort failure, asthenia, etc. It means the disease,	
injury or camplication which coused death.) Bullous Remokies Monday Notice	9
ANTECEDENT CAUSES DUE TO	**********
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TO THE DEATH BUT NOT RELATED TO THE DESEASE OR CONDITION CAUSING IT.	
DISEASE OF CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDINGS CONSIDERED	
198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or Not) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 B. PLACE OF INJURY (e.g., in or about 21°C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Poy) (Year) (Hour) 21E INSURY OCCURRED 21E HOW DID INSURY OCCUR?	
OF INJURY (APPROX.) While At Not While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from 2-3 00 19 65 to 26 Met 19	65
that (1) (we) last sow the deceased clive on 26 MPP 1965 and that in(my) (our) opinion death accurred on the control of the co	
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE A TO AN 23B. DATE SIGNED	
Attending Med. Stoff Phys. Director Phys. Stoff 26 New 65	
23C. PHYSICIAN'S 23D. ADDRESS	
NAME (Type) H. 1/1 M.D. 2214 E Faxotte St 21231	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 240. LOCATION (City, town, or county)	(Stote)
Burial Nov. 30,1965 Loudon Park Cemetery Baltimore Maryla	nd

VS 150-REV. 1/1/65

Plant & Falley MA 25A. DATE REC'D BY HEALTH DEPT. NOV 3 0 1965

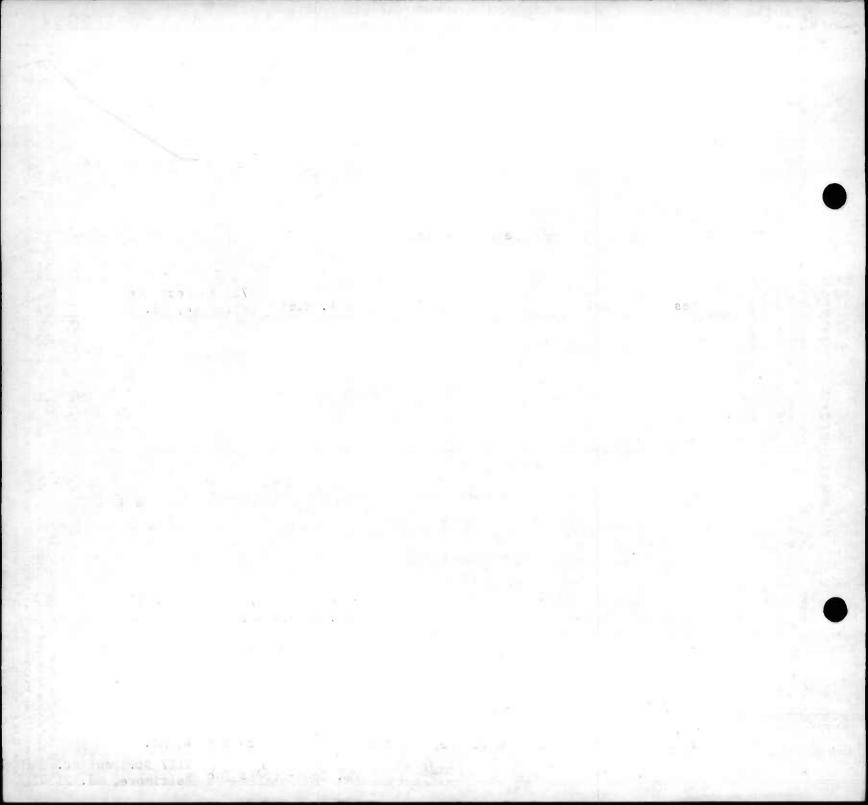
Wm. Cook Brooks, Inc.

1217 St. Paul St.

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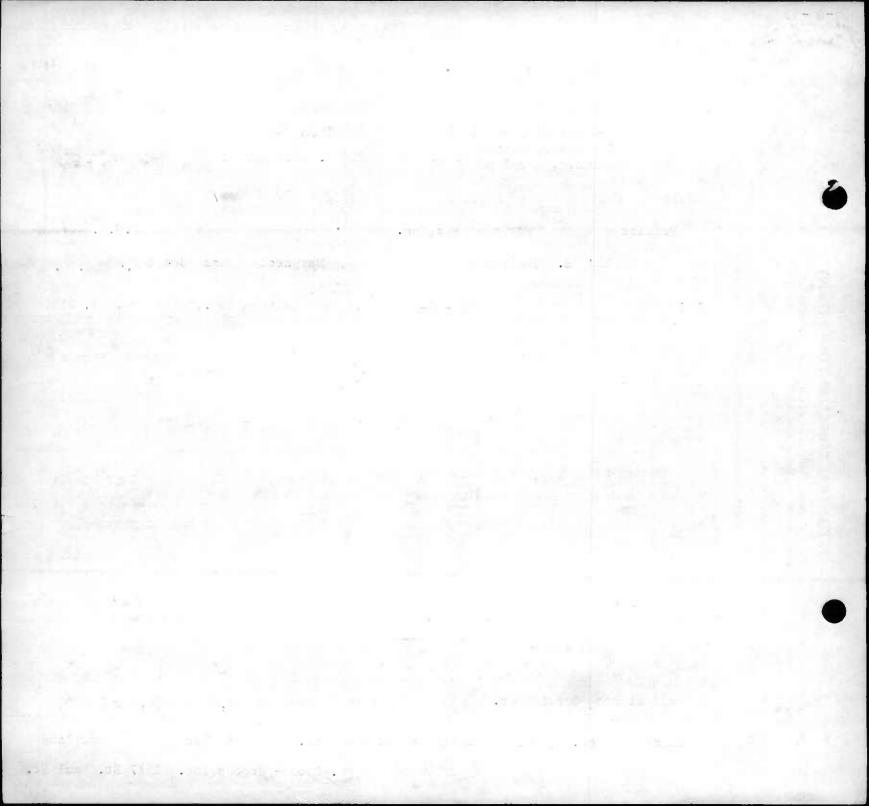
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	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospitol and the body wos released to the hospital by a medicol examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendance on the deceased prior to death); and (6) No physicion was in regulor attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or finol disposition is made.
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IRTH NO.	65 12205	CERTIFI	CATE OF DEATH	Registered No.	65 12205
A.E. CASE NO. NAME OF DE	CEASED	P. STEIN		HOUR OF DEATH	1 / 1
PLACE OF D	EATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (WHOMA, STATE B. COUN'		ution: residence before admissio
FULL NAME HOSPITAL OF	OF (If not in hospital address or lacatio	or institution, give street	C. CITY OR TOWN (If outs	side city limits, write RUR	(AL and give township)
7	11-00	4 HOSP	D, STREET ADDRESS (III)	urol, give location)	
SEX	10/ ERCO	7. MARRIED, NEVER MARRIED		PARIZWYR D. AGE (In years)	
M	W	MARRIED	5/25/93	72	f Under 1 Yr. If Under 24 H Norths Days Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	Mercy Hospital	USTRY 11. BIRTHPLACE (State or foreign HD.	gn cauntry)	2. CITIZEN OF WHAT COUNTRY?
FATHER'S NA		norey nospital	14. MOTHER'S MAIDEN NAM	AE A -	0,000
JON	nd Ever in U. S. Armed Fo	TEIN tces? 16. SOCIAL	MARGARCT 17. INFORMANT		ADDRESS
es, no or unknov	(If yes, give war ar date	es of service) SECURITY NO.		1728 Forrest Baltimore, Md	Ave
1B. 5 8	1.0 1		SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ASE OR CONDITION DI LEADING TO DEATH	(A) A	PEUTE BRONENO:	PNEUHONIA	20445
heart failure	nat mean the mode af e, asthenia, etc. It means implication which coused	the disease,			@ LEAST
	ANTECEDENT CAUSES	(B)	HEPATIC CO	4 A	18 0448
rise to 1	OR CONDITIONS, if he abave cause (A) NG CONDITION lost,		Post NECROTIC	CIRRHOSIS	18 DAYS
OTHER SIGN TO THE	II NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING	CONTRIBUTING ATEN O	RENAGIE GAST	TEITIS	18 Days
		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF		(e.g., in or obout 21 C. WHERE DID eet, office bldg., INJURY OCCUR?	(If in Baltimare C	ity, give exoct lacation)
21 D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)	While At Not	21F. HOW DID INJU	URY OCCUR?	/
22. I certif	y that (1) (this hospito	1) ottended the deceased from	1//10 1	965 10 11	127 1965
	b) lost sow the deceose			ot in(my) (our) opinio	n deoth occurred on the d
23A. SIGNAT		M.D.	not) view the body ofter death. Attending Med.	Stoff (C)	B. DATE SIGNED
23C. PHYSIC		GILLIS	Phys. Director 23D. ADDRESS M.D. MERCE	HOSP -	BOLTO. HO
4A. BURIAL CE	EMATION, 248. DATE	24C.NAME of CEMETERY	OF CREMATORY 24D, LC	OCATION (City,	town, or county) (State)
Burial	11/30/6			tonsville, Mo	d.
JA. DATE REC	NOV 30 1965	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 T	St. Paul St.
S 150-REV. 1/1	/65		I HIM! COOK DI CO	Kalt:	imore, Md. 21202

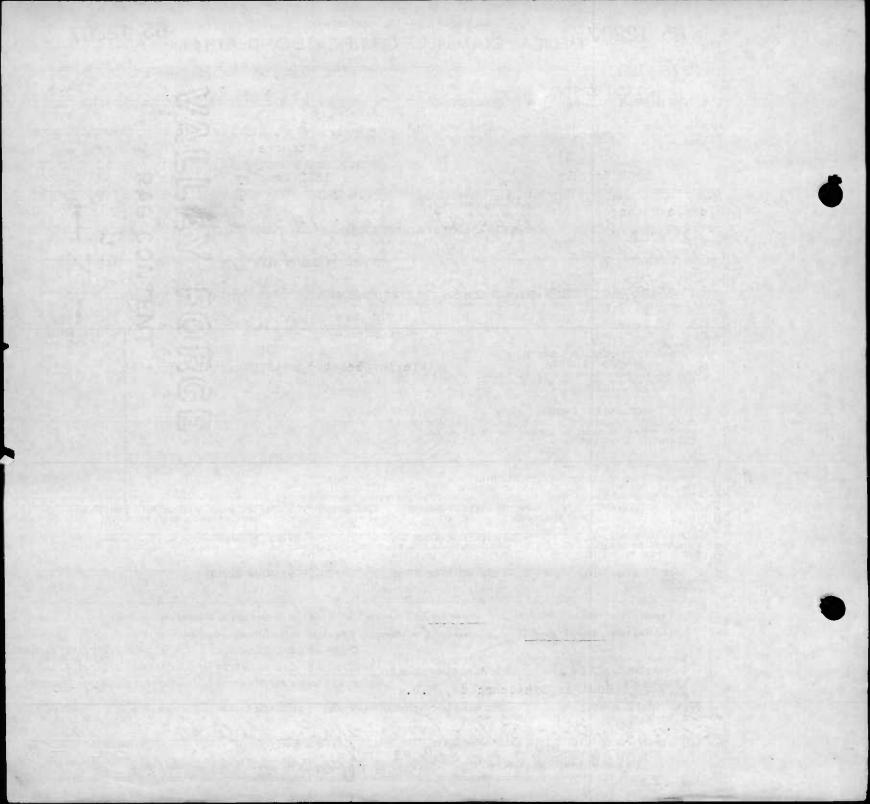


FUNERAL DIRECTOR: IMPORTANT	RECTOR:		
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such	examiner. A examiner. A (3) A fracture n who proncin regular a	rhis assistant if dec Also, if the direct or of any kind; (4) Un bunced death was thendance on the d	contributing cause of death contributing cause of death determined cause; (5) Beceased in regular attendance on the secased prior to death. Such

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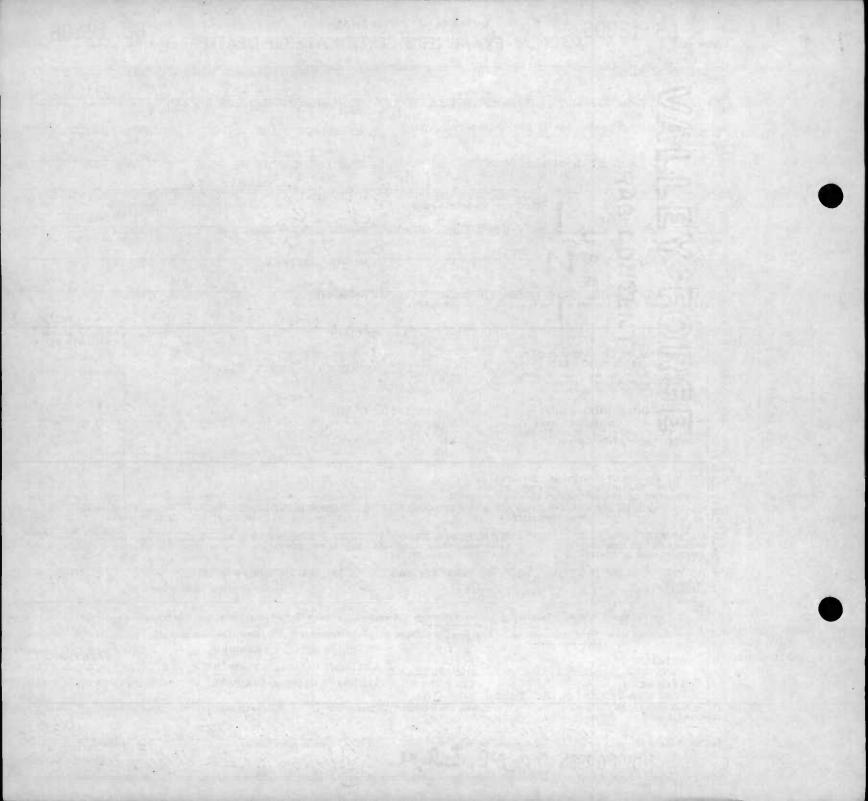


C5 4990m	BALTIMORE CITY HEA	LTH DEPARTMENT	65 12207
BIRTH NO. LECU! MEDICAL	EXAMINER'S C	ERTIFICATE OF DEATH Registe	red No.
M.E. CASE NO.	ACTUAL NAMES	MENALE MARKET AND THE PARTY OF	
. NAME OF DECEASED Type or Printl		2. DATE AND HOUR PRONOUNC	ED DEAD
INA DOCKINS		November 28, 1965	$5 1 2:00_{MA}$
PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE	itution: residence befare admission)
		Maryland	NII .
ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN (II outside corporate limits, write	RURAL and give township)
NSTITUTION		Baltimore /	7-105
		D. STREET ADDRESS (II rurol, give location)	
1802 Barclay	F	1802 Barclay	
. SEX 6. RACE 7. MAI	RRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr, If Under 24 Hrs.
female negro Widow	VED, DIVORCED(specify)	953 1.1 Ca lost but lav.	Manths Days Hours Min.
	(cape)	an: 14-87 16	12. CITIZEN OF
DA. USUAL OCCUPATION (Give kind of work 108. KIT one duying most of working life, even if retired)	AD OL BOSINESS OK INDOSIK	III. BINLATER CE (State or lareight country)	WHAT COUNTRY?
House Well	1.	UKGINIA	
B. FATHER'S NAME	10	14. MOTHERS MAJOEN NAME	THE STATE OF THE S
Mar. Collus 1	tolmen)	X 11/19 Clausin	
S. WAS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT	ADDRESS
es, no or unknown! (II yes, give war or dotes of ser	vicel SECURITY NO.	molar 6.1.0 ic.	· D
		VITURA Welson 1803	2 Dan Clay
18, 1/201	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			ONSET AND BEATH
LEADING TO DEATH	(A) Arteri	osclerotic cardiovascular di	isease
(This does not meon the made of dying, heart failure, asthenia, etc. It means the dis- injury or camplication which caused death.)	e.g., DUE TO		
injury or camplication which caused death.			
ANTECENDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIV	ING (BI		
RISE TO THE ABOVE CAUSE (A) STATING			
UNDERLYING CONDITION LAST.	(C)		
5			
OTHER SIGNIFICANT CONDITIONS CONTR	BUTING		
TO THE DEATH BUT NOT RELATED			
- DISEASE OR CONDITION CAUSING II.	FOR WILLOW ORDATION	LOGA ANTOREYS (V. N.) DOD 10 VEG 14 PRE	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FILL IN CERTIFYING CAU	
		no	
V 21 A. EXTERNAL CAUSE WAS UNDERLYING □ OR CONTRIB-	218. PLACE OF INJURY (e.g., home, lam, loctory, street,	in or about 21C. WHERE DID (If in Boltimore City, gi	ve exact lacation)
UTING CAUSE OF DEATH.	etc.l		
21D TIME (Month) (Doy) (Year) (Hou	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)		WHILE	
	m. WORK AT V	VORK	
22. I certify that I held on Inquiry	Inspection X Au	topsy ond that on this bosis, death in n	av eninlen
resulted from: Notunal couses X	Accident Suicio		er
1////		CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE /	Maly "	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
ryambrole		ASSOCIATE MEDICAL EXAMINER	11 20 (5
NAME (Type) Rudiger Brei	tenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	11-28-65
3A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 23D. LOCATION (City,	tawn, ar countyl (State)
REMOVAL (Specify)	- ma/	16 18 18 18	my
Debrea 12-1-6	11/7 (xell	rary com dill lo	1110
4A. DATE REC'D BY HEALTH DEPT. 24B. N	AME OF REGISTRAR	249. SHERAL DIRECTOR	ADDRESS
NOV 3 0 1965 R.Q	ments & stander M.M.	Kayper Janders 2	17 6. Theo lon o
VS 151-REV. 1/1/65 64 - '			1



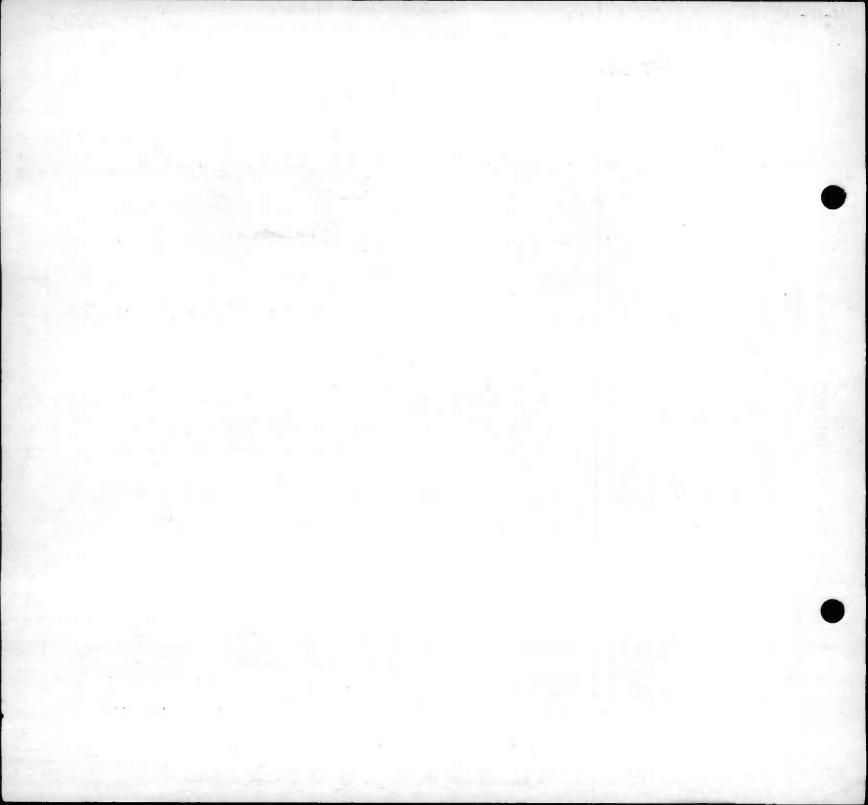
T.520

65 12208 BALTIMORE CITY HEA	LITH DEPARTMENT 65 49900
BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
LOIS THOMAS	20 November 1965 2:45 p. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Baltimore /2 05
306 E. Lanvale St.	D. STREET ADDRESS (If rurol, give location)
	306 E. Lanvale St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
female negro WIDOWED, DIVORCED(specify)	19-13 last birthday Months Doys Hours Min.
temale negro	12 - 0 13
done divide most of working life: even it retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d'imeske	11.0
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harreson Colo	Cornel Coll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Then & Jour 319 6 Language 5
IB. CAUS	SE OF DEATH INTERVAL BETWEEN
4 2010 1	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A) ALLEI	iosclerotic heart disease
(This does not mean the made of dying, e.g., heart failure, asthenia, etc., Il means the disease, injury or complication which coused death.)	
many of complication which courses doonly	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISPASS OR CONDITION CAUSING IT	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
E STATE OF CONTROL OF	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	no
O UNDERLYING OR CONTRIB- home, form, foctory, street,	, in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH.	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT	WHILE
m. WORK AT V	WORK
I certify that I held on Inquiry Inspection x Au	utapsy and that on this basis, death in my opinian
resulted fram: Notural causes Accident Suicio	
Accident Accident	
ACTUAL ()	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Charles I celly M.C	D. ASSISTANT MEDICAL EXAMINER 🗵
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 11/21/65
NAME (Type) Charles S. Petty	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CEMETERY REMOVAL (Specify)	CREMATORY 23D. LOCATION (City, lown, or county) (Stote)
834410 11-27-65 MX 190113	Mrs Free Balto Md.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	249. FUNERAL DIRECTOR - ADDRESS
NOV 30 1965 1 0 B. E. Faller M.A.	Human Sanders 2171. Treston of
MAI DA 1909 Chart - garage w	May on a reference of the second
VS 151-REV, 1/1/65	

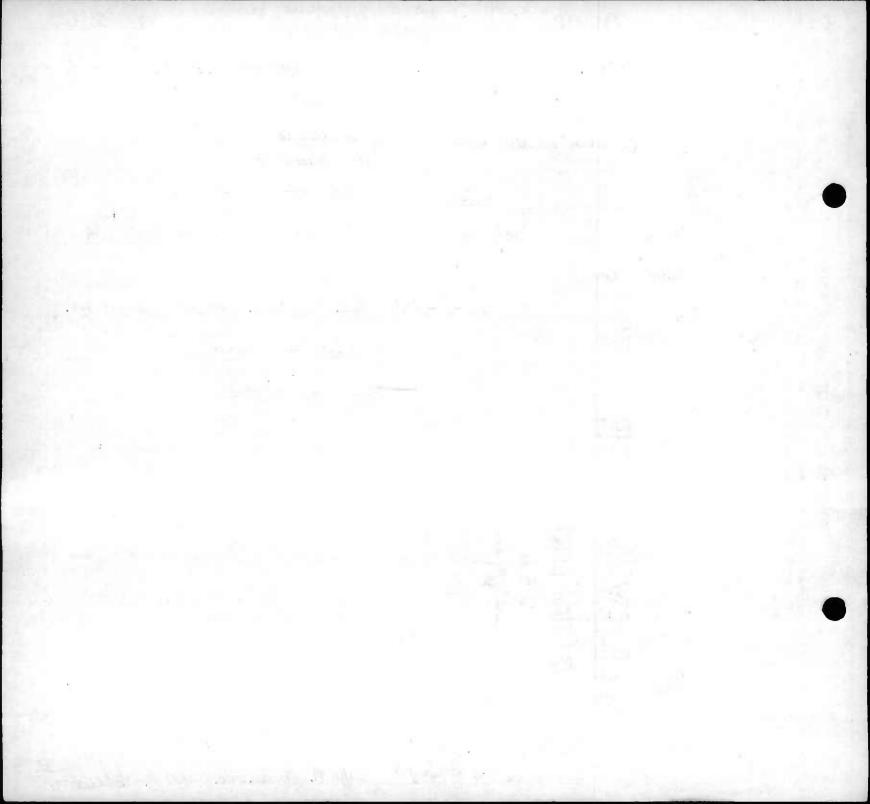


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was deceased and provided the deceased arrive to death. Such	FUNERAL DIRECTOR: IMPORTANT
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased arises of the death. Such
	Written approval must be obtained before the remains are embalmed or final disposition is made.

65 12209	BALTIMORE CITY	HEALTH DEPARTMENT		CE 49000
IRTH NO. 00 12203	CERTIFICA	TE OF DEATH	Registered Na.	65 12209
A.E. CASE NO.	CERTITION			
NAME OF DECEASED ATTI NEW YORK		2. DATE AND	HOUR OF DEATH	Can n
XEMA-Leona Hill		1//0	4/160	900 P
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If i	nstitution: residence before admission
				*
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	Maryland		
INSTITUTION Baltimore City Hos	enitale	C. CITY OR TOWN (If outs	ide city fimits, write	RURAL and give township)
		Baltimore		0-02
4940 Eastern Avenu		D. STREET ADDRESS (If re	urol, give location)	
Baltimore, Marylar	nd, #21224	1310 Ashland	Avenue, #2	1205
SEX 6. RACE 7. MARI	RIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hr
WIDO	OWED, DIVORCED (specify)	2 2 1070	ost birthdoyl	Months Doys Hours Min.
	dowed	?-?-1870	95	
DA, USUAL OCCUPATION (Give kind of work 10B, KIN) one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
		mo.		WITAL GOOTHIAL.
House Wys		11.		
FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
Lawrence	114 code:	Lida		ADDRESS
. Was Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		RECORDS: BCH. 49	OAO Fostom	n Ave., #21224
110	CAUSE O		740 Bastell	INTERVAL BETWEEN
18. 199, 1 I	CAUSE O	PUENT		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	al		. 100 . 0	1.
LEADING TO DEATH	(A) lkall	mocarcinoma l	~ junear	au months
(This does not mean the made of dying,		4	7	
heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ose,	((11)		
	(B)			glars
ANTECEDENT CAUSES	DUE TO		000000000000000000000000000000000000000	
DISEASES OR CONDITIONS, if any, gi				
rise to the above cause (A) stating	the (C)	######################################		
UNDERLYING CONDITION last.				
II.				
OTHER SIGNIFICANT CONDITIONS CONTRIBL				
TO THE DEATH BUT NOT RELATED TO	int			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED				
21 A ACCIDENT WAS HADERIVING	DIR BLACE OF INITIAN	Yes		re City, give exact location)
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o	ffice bidg., INJURY OCCUR?	tit in Bolfimo	Te City, give exact locohoni
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F, HOW DID INJU	IRY OCCUP?	
OF INJURY			KI OCCOR	
(APPROX)	While At Not While Work At Work			
		717	105	11/21
22. I certify that # (this hospital) attend	ed the deceased from	7/51	9 92 to	July 19 6
that (1) (we) last saw the deceased alive	an 11/2/	19 65 and the	t in (my) (aur) ap	inian death accurred an the d
and haur and fram the causes stated abov	י (חבים) (מום) (מום) (מום) ואל ים	riew the bady after death.		Land State along
23A. SIGNATURE	1.			23B. DATE SIGNED
1/1/1/1/1/2012	M.D. Att.		Stoff Phys.	1117/1/5
23C. PHYSICIAN'S	Creck	23D. ADDRESS	117 3. /	11/21/60
NAME (Type)				
WILLIAM B. CUTTS	M.D.	4940 Eastern Ave	nue. Balto	., Md., #21224
	C. NAME of CEMETERY OF CR			City, town, or county) (State)
REMOVAL (Specify)	Cara de Caracter de Ck	2	17	(Stole)
Bureal 11-260/05	mx lac	large yed the	10.11	4 md
SA, DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	WILL	ADDRESS
230. NA	0 7 0	THE DIRECTOR		01987
NOV 3.0 1965 OP O_	The State Ast	MELLINET Q) W	malens a	1/16/1/Ceolox C
'S 150-REV. 1/1/65				



			CEDTIEIC	ATE OF DEATH Registered Na.	65 12210
HRT	H NO. (55 12210		AL OI DEATH	
	AME OF DECI	ASED CASE		2. DATE AND HOUR OF DEATH	
	e or Print)				4 / 4 -
	LACE OF DEA	Lude S. Lee	2	November 25, 19	
. P	LACE OF DEA	TH TH BALTIMORE, MA	RILAND	A. STATE B. COUNTY	nstitution; lesidence before gamis
F	ULL NAME O	F (II not in hospital	or institution, give street	Maryland	1-01
H	OSPITAL OR	oddiess or lacation		C. CITY OR TOWN (If autside city limits, write	RURAL and givo tawnship)
11	NSITION			B-14:	
7	5	Edgewood No	ursing Home	D. STREET ADDRESS (If we lacation)	
-		0	0	514 Wyanoke Avenue	
		L and	TT MANAGED NEWS MANAGED		
5. S	AA	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	July 31, 1800 birthdoy) 85	Manths Days Hours Mi
	M	W	Married	July 31, 1880 5 85	
			108. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	0	vorking life, even if retired)	C 10 C 1 1	0 11. C 1 M	WHAT COUNTRY?
	Painter		Self Employed	Baltimore County, Mary	pland USA
3.	FATHER'S NAM	12		14. MOTHER'S MAIDEN NAME	
	Facus:	1 100		1-000 B	
5. \	Was Decoased	A Lee Ever in U. S. Anned For	ces? 16. SOCIAL	Trene Barnes	ADDRESS
Yes	, no or unknawn)	(If yes, give war ar date	es of service) SECURITY NO.		111 1 4
	No_		215-32-3494	Mrs. Maggie L. Lee 514	Wyanoke Ave.
	1B. 2 60 C	X	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEAS	E OR CONDITION DI	RECTLY	1 h	ONSET AND DEATH
		LEADING TO DEATH		sincho-Preumoria	
	(This does n	of mean the made of	dving, e.g., DUE TO		*******
	honet failuse			4	
		asthenia, etc. II means	the disease,	1- 1/4	
	injury ar cam	plication which caused	the disease, death.)	L Ilkon	
	injury ar cam		the disease, death.)	L Ilkon	
	injury or com	plication which caused	the disease, death.)	evabetes - Hypertensive	
	DISEASES Orise to the	plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A)	the disease, death.) (B) DUE TO any, giving	Evabetes - Hypertensive	<u> </u>
	DISEASES Orise to the	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	the disease, death.) (B) DUE TO any, giving	Evabetes - Hypertensione	
	DISEASES Orise to the	plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A)	the disease, death.) (B) DUE TO any, giving	Evabetes - Hypertensive	4
NO	DISEASES Orise to the UNDERLYING	plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, giving slating the (C)	el'abetes - Hypertensiere	
ATION	DISEASES OF ISSEASES OF ISSEAS	plication which caused ANTECEDENT CAUSES OF CONDITIONS, if abave cause (A) is CONDITION last.	any, giving slaling the (C)	el'abetes - Hypertensire	
FICATION	DISEASES OF ISSEASES OF ISSEAS	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT.	Plabetes - Hypertensive Later - Nagewill disease 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
RTIFICATION	DISEASES OF THE PROPERTY OF T	plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT.	20A. AUTOPSY? (Yes at No) 20B. IF YES, WERE IN CERTIFFING C.	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATION	DISEASES OF THE PROPERTY OF T	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	in or obout 21C. WHERE DID (fl in Ballimo	FINDINGS CONSIDERED AUSES OF DEATH?
L CE	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES OF CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CONWAS PER	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	IN CERTIFYING CA	AUSES OF DEATH?
CAL CE	DISEASES OF THE PROPERTY OF T	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACT BUT NOT RELACT CONDITION CAUSING OPERATION 198. CON WAS PER	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	, in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	AUSES OF DEATH?
EDICAL CE	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED	in or about 21C. WHERE DID (II in Baltimo office bldg., INJURY OCCUR?	AUSES OF DEATH?
CAL CE	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACT BUT NOT RELACT CONDITION CAUSING OPERATION 198. CON WAS PER	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whi	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	AUSES OF DEATH?
MEDICAL CE	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DISEASE OR 19A-DATE OF OR CONTRIBUDEATH (natify) 21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITION SCEATH BUT NOT RELACONDITION CAUSING OPERATION 1798. CON WAS PER TWAS UNDERLYING CAUSE OF medical examines)	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work At Work	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	AUSES OF DEATH? IE City, give exact lacation)
MEDICAL CE	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DISEASE OR 19A-DATE OF OR CONTRIBUDEATH (natify) 21A. ACCIDEN OR CONTRIBUTE OF INJURY (APPROX.)	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITION SCEATH BUT NOT RELACONDITION CAUSING OPERATION 1798. CON WAS PER TWAS UNDERLYING CAUSE OF medical examines)	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work At Work	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	auses of Death? Ie City, give exact location)
MEDICAL CE	DISEASES OF THE PROPERTY OF THE DISEASE OR THE DISEASE OR THE DISEASE OR THE DISEASE OR CONTRIBUTED TO THE DISEASE OR CONTRIBUTED THE DEATH (natify LAPPROX.)	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. PLANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION WAS PER TWAS UNDERLYING CAUSE OF medical examines) (Manth) (Day) (Year)	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Work At Work	in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	auses of Death? Ie City, give exact lacation)
MEDICAL CE	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last. PLANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PER CONDITION CAUSING (Manth) (Day) (Year) That (I) (this hospital lost sow the decease	any, giving slating the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) (Hour) 21E. INJURY OCCURRED While At Work While At Not Who At Work I) ottended the deceosed from ed olive on	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 5 to 19 ond that In (my) (4) op	auses of Death? Ie City, give exact lacation)
MEDICAL CE	DISEASES OF THE DISEASE OF THE DISEA	plication which caused ANTECEDENT CAUSES OF CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS OF CAUSING OPERATION 1988. CONDITION CAUSING OPERATION 1988. CONDITION CAUSING (Manth) (Day) (Year) that (I) (this hospitoliost sow the decease of the couses stowed and the causes and the causes stowed and the causes are caused and the cause of the c	any, giving slaling the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whole Work Not Work	in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 5 to 19 ond that In (my) (4) op	auses of Death? The City, give exact lacation) The City, give exact lacation in the inion death occurred on the
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MEDICAL CE	DISEASES OF THE DISEASE OF THE DISEA	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION WAS PER ANTE WAS UNDERLYING TING CAUSE OF medical examines) (Manth) (Day) (Year) That (I) (this hospital lost saw the decease of from the causes stope of the cause o	any, giving slating the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) (Hour) 21E. INJURY OCCURRED While At Not Who Work Work Not Word Not Word Not Whole of the deceosed from ed olive on	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 6 5 to 10 mile on ond that In (my) operation of the body offer death. Hending Med. Staff Phys. Phys. C.	AUSES OF DEATH? THE City, give exact lacation) The City of the C
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WEDICAL CE	DISEASES OF THE SIGNITO THE DISEASE OR TO THE DI	Plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. FICANT CONDITIONS CONDITIONS CONDITION CAUSING OPERATION WAS PER ANTE WAS UNDERLYING TING CAUSE OF medical examines) (Manth) (Day) (Year) That (I) (this hospital lost saw the decease of from the causes stope of the cause o	any, giving slating the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, sheet, etc.) (Hour) 21E. INJURY OCCURRED While At Not Who Work While At Not Who work of the deceosed from the deceosed	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19 6 5 to 20 21 F. How DID INJURY OCCUR? 19 6 5 to 20 19 6 5 to 20 19 6 5 to 20 21 F. How DID INJURY OCCUR? 19 6 5 to 20 19 6 5 to 20 21 F. How DID INJURY OCCUR?	AUSES OF DEATH? THE City, give exact lacation) The City of C
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21 77/20 D BY HEALTH DEPT. NOV 3 0 1965

VS 150-REV. 1/1/65

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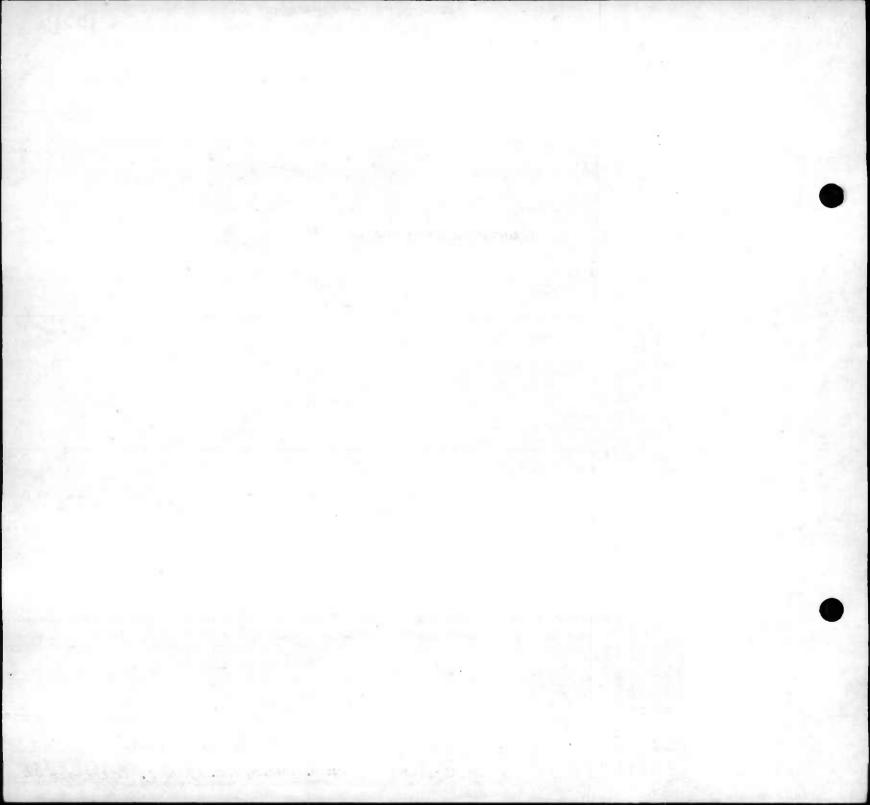
0	- 400	4.4	BALTIMORE CITY	HEALTH DEPARTMENT		05 40044
BIRTH NO.	5 122:	LI	CERTIFICA	TE OF DEATH	Registered Na	65 12211
T. NAME OF DEB	idgett 1	Mary Doyle		2. DATE	AND HOUR OF DEATH . 26, 1965	8:00 A.
FULL NAME D HD SPITAL DR INSTITUTION	(If not in oddress	hospitot or institution, or location)	ENDED give street 12-10-6	Maryland B. CD	UNTY	stitution: residence belore admission
0	525 &	35th Street		D. STREET ADDRESS	(If rural, give location)	
5. SEX	6. RACE		NEVER MARRIED o, DIVORCED (specify)	8. DATE OF BIRTH 884 7/22/1886	9. AGE (In years lost birthdoy)	II Under 1 Yr. H Under 24 His Months; Doys Hours Min.
10A. USUAL OCCU done during most of v Housew	rorking life, even		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or)		12. CITIZEN OF WHAT COUNTRY?
James	IE/	1		Incland 14. MOTHER'S MAIDEN I Unknown	NAME	USV
5. Wos Deceosed	Ever in U. S. A	rmed Forces? or or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Doyle 625 E	ADDRESS 35th St.
(This does n heart failure, injury ar cam	LEADING TO at mean the rasthenia, etc.	made of dying, e.g., Il means the disease, coused deoth.)	(A) Art	erioscleroti vascular (ic cardio- lisease	interval Between onset and Death
DISEASES O	R CONDITIO	NS, if any, giving se (A) sloting the	(C)	***************************************	***************************************	
TO THE DI	FICANT CONDI EATH BUT N EDNDITION CA	TIDNS CONTRIBUTING DT RELATED TO TH	3 E			
19A. DATE OF		98. CONDITION FOR Y	WHICH OPERATION	NO NO	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	T WAS UNDER	OF hom	e, form, loctory, street, of	or obout 21 C. WHERE DIE fice bldg., INJURY OCCUR	(If in Boltimore	e City, give exoct locotion)
21D. TIME OF INJURY (APPRDX.)	(Month) (Doy		INJURY OCCURRED ILLE At At Work		INJURY OCCUR?	
that (I) (we)	last saw the	deceased alive an	November 16	ptember 19 65 ond iew the bady after deal	that In(my) (aux) apl	ember 26, 1965
23A. SIGNATU	The	out I for	Phy:	nding Med. birector	Stoff Phys.	Nov. 26, 1965
NAME (T)	Lloy	d E. Saylo		3902 Green	0 1	ty, town, or county) (State)
Buria 25A. DATE REC'D	BY HEALTH DE	1/29/65 PT. 258. NAME	Oulaney Valle	yardens Ly Memorial Sirec	Baltimore, M	aryland

M.H.

IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased VS 150-REV. 1/1/65.

		BALTIMORE CITY	HEALTH DEPARTMENT		
В	ыкти но. 65 12212	CERTIFICA	TE OF DEATH	Registered Na.	65 12212
Ш	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	NO HOUR OF DEATH	10 34 0
Ш	Type or Print DERT C. S	T. JEAN	11	124/05	1 10 Am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		itution: residence before admission)
	FULL NAME OF (If not in hospital or instit	ution, give street	Md	2	6-10
1	INSTITUTION ,	1 Houtel	C. CITY OR TOWN (IF OU	itside city limits, write RU	IKAL ond give township)
	MARYLAND GENERI	4) 1305/11/21	D. STREET ADDRESS (If	rurol, give location)	
	BAItO WH.		135 2	EAST AVE	
		RRIED, NEVER MARRIED	2-20-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A, USUAL OCCUPATION (Give kind of work 10 B, KH	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
ı	Refired Str	uctural Iron Wor	-	ORK	USA
	13. FATHERS NAME		14. MOTHER'S MAIDEN NA	WE ,	
	Albert Shean		Emma		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of se		17. INFORMANT		ADDRESS
	No	217 03 3032 CAUSE OF	chal.		INITERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY			0 11200	ONSET AND DEATH
	LEADING TO DEATH	(A) PNE	MONITIS, 1	ISICA PERSIC	
1	(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the di	sease,			
	injury or complication which caused death,) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if any,	DUE TO			
	rise to the abave couse (A) stating	the (C)			
	11				
	O THE SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED T	O THE			
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	19A. DATE OF OPERATION WAS PERFORMED)	400	IN CERTIFYING CON	SES OF DEATH?
	OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exect locotion)
	DEATH (notify medical examiner)	etc.)			
	S OF INJURY	While At Not While	e -	TURY OCCUR?	
	(APPROX)	Work At Work	A	20/25	11/24 160
	22. I certify that (this haspital) attenthat (1) (we) last saw the deceased allow	/2	1.60	19(05 to	an death accurred an the date
	and hour and from the causes stated abo	. / -			on death accorded an the date
	234. SIGNATURE				23B. DATE SIGNED
	Smald 7 Ven	reis M.D. Atte	ending Med. S. Director	Stoff Phys.	11/24/65
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0	1/ 1/
	DONAL T. LEWE	RS. M. D M.D.	MARGIAND	DENERAL	MOSNITAL
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRE			, town, or caunty) (Stote)
	Burial Nov. 27,	6 Pedar Hill Cem	etery Bal	timore, Mary	pland
	NOV 30 1965	LOF & FORMS	John A. Mona		E. Baltimore St
	114100100	Mary and Application	2	,	C. Lucuilloile



•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	R
approved by to the hospita of any nature; all (except when his and (6) No be obtained be	he chief medical examiner I by a medical examiner (2) Body burns; (3) A fractive the physician who prephysician was in regular fore the remains are embi-	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	ed in a hospital and thing cause of death deause; (5) Deceased rattendance on the prior to death. Such

of

accident

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the body was released

certificate

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death) hospital

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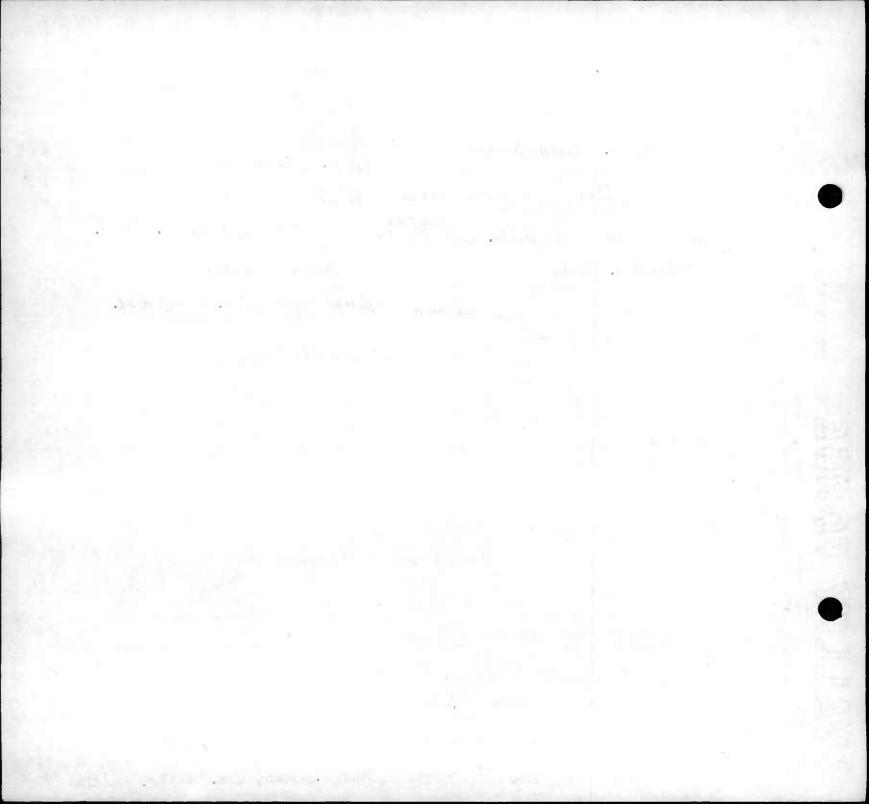
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Regan 5 6 Mary 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A. STATE 8. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) OR TOWN (If outside city limits, write RURAL and give ltimore 937 S. Clinton Street D. STREET ADDRESS (If rutol, give location) Linton Street 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. WIDOWED, DIVORCED (specify) lost highdoys Hours temale White Never married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Schools disposition done during most of working life, even if retired? Baltimore (ounty, Public School leacher 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Patrick J. Regan Margaret (otter 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, pp or unknown) (If yes, give wor or dotes of service) SECURITY NO Edward Regan 937 S. (Linton St. No unknown CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed LEADING TO DEATH ONITE (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the remains UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (notify medical examiner) before the 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) etc.) MEDI (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 that (i) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (did) (did=1) view the body after death. must 23A. SIGNATURE 238, DATE SIGNED Attending Phys. M.D. Med. Stoff Director Phys. approval 23C. PHYSICIAN'S 23 D. ADDRESS 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATOR 248. DATE 24D. LOCATION REMOVAL (Specify) Sacred Heart Baltimore, emeteru 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY ADDRESS

and that in (my) (aux) apinian death accurred an the date VS 150-REV. 1/1/65



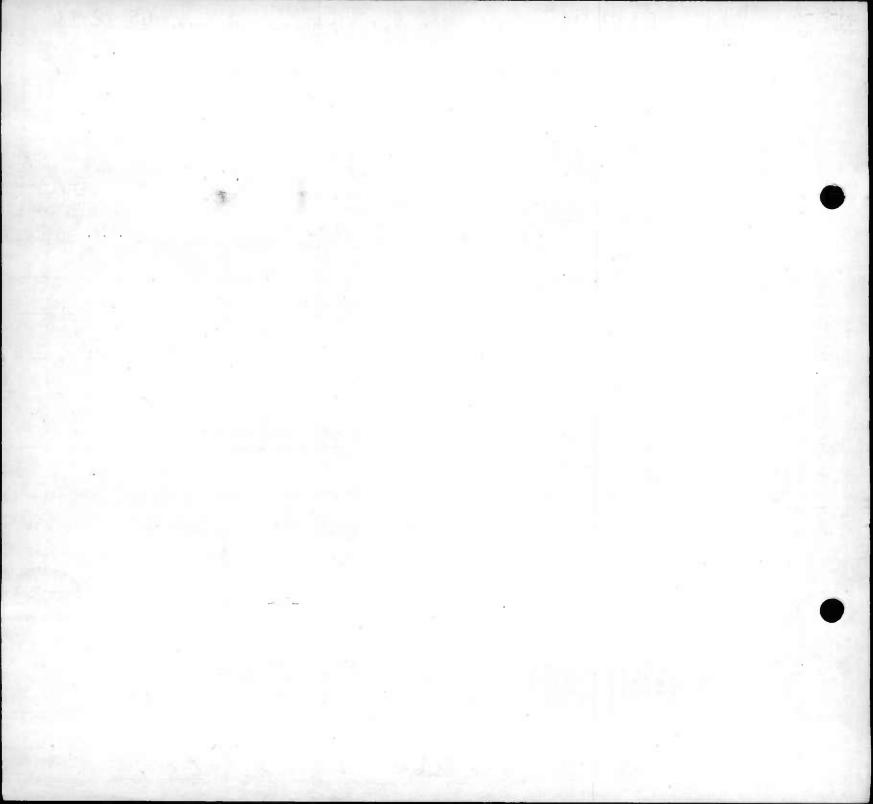
VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMENT

65 12214

Registered	No	-65	12214

BIKIH NO.	JU INVEST	CERTIFICA	ATE OF DEATH Registered	No. OO ING.
I, NAME OF DE	GEASED A		2. DATE AND HOUR OF DEA	ATH .
(Type or Print)	t anto	in a	11-27-65	1001 P M
3. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND	11-27-65 4. USUAL RESIDENCE (Where deceased lived.	If institution; residence before admission)
			A. STATE B. COUNTY	01-12-
FULL NAME HOSPITAL OR		or institution, give street	MARYLAND C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
INSTITUTION	BALTIMORE CIT	Y HOSPITALS	BALTIMORE	
0 1	4940 EASTERN		D. STREET ADDRESS (If rural, give location)
/	BALTO., MARYI		4940 EASTERN AVENUE	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
FEMALE	WHITE	MARRIED (specify)	7-9-1879 lost birt foul	
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (ate or foreign count,)	12. CITIZEN OF WHAT COUNTRY?
done during most o	or working life, even it refired)	40-1-1	MARYLAND	U.S.A.
13. FATHER'S NA	AME	House Wife	14. MOTHER'S MAIDEN NAME	0.0.7.
TO TAITLE S IV	17412			
	Robert E. B	urrier	Lovell	
15. Was Deceose	ed Ever in U. S. Armed For	cei? 16. SOCIAL	17. INFORMANT	ADDRESS
no	with yes, give wor or one	SECONII NO.	RECORDS: BCH 4940 EAS	STERN AVE. #21224
18.	19.11400	O 2, 3 CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	^	ONSE! AND DEATH
	LEADING TO DEATH	(A)	Inpumonia	Oxv <
	nol meon the mode of e, osthenia, etc. Il meons	dying, e.g., DUE TO	Emphysema	
	emplication which coused	deoth.)	<u>+</u>	2/
	ANTECEDENT CAUSES	(B)	tm physema	YEAV 5
DISEASES	OR CONDITIONS, if	00110	1	100000
	he obove couse (A)			
UNDERLYIN	NG CONDITION Iosl.			
	- 11		,	
OTHER SIGN	NIFICANT CONDITIONS C	CONTRIBUTING TALL	ve pulmonery the	Years
DISEASE O	R CONDITION CAUSING			10013
19A. DATE C	OF OPERATION 198. CON WAS PER	DITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or Nb) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Bolt	timore City, give exact location)
	BUTING CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	
U				
O 21D. TIME	(Month) (Doy) (Year)		21F. HOW DID INJURY OCCUR?	
(APPROX)		While At Work At Work		
22 1 ====i6	fu shas (M) (ship happing	l) attended the deceased from	6 16 10 50 10	11-27 1965
			7 19 6 5 and that In (my) (our)	
that (I) (we	e) last saw the decease	ad olive an	and that in (my) (our)	opinion death accurred an the date
and hour a	nd from the causes sta	ted obave. (I) (We) (did) (did not)	view the bady after death.	
23A. SIGNAT	TURE 1/1	/		23R DATE SIGNED
1	IT of found	Try MD M.D. A.	ttending Med. Stoff Phys.	11-27-65
23C. PHYSIC	IAN'S		23D. ADDRESS	
NAME	(Type) RKG	-UNDRY M.D	5826 York Rd	Baltimore His
24A. BURIAL CI REMOVAL		24C. NAME of CEMETERY OF C	REMIATORY 24D. LOCATION	(City, town, or county) (State)
Buria	12/1-1	965 Druid Ridge	Pikeerd 11 a	Md./,
25A. DATE REC'	D BY HEALTH DEPT.	258. NAME OF REGISTEAR	25C FUNERAL DIRECTOR	ADDRESS / -
	NOV 3 0 1965	Robert E. Jane MA	Frank A Derty	8147/36 dis 11-



the chief medical examiner

medical

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BIRTH NO. Such (4) Undetermined cause; (5) Deceased of death M.E. CASE NO.

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or contributing occurred

(Type or Print)

FULL NAME OF

HOSPITAL OR

INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

2. DATE	AND	HOUR	OF	DEAT
Nous	who	- 2/	4	106

	November 25	111.	30 P
USUAL	RESIDENCE (Where deceased B. COUNTY		

Maryland CITY OR TOWN Baltimore

write RURAL and give township) (If outside city limits,

D. STREET ADDRESS (If rural, give location)

John Hopkins Hospital 630 N. Streeper Street 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) last birthday) Feb. 7, 1891 White Male Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Bakery Germany Retired Baker

CAUSE OF DEATH

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown

APPROVE

CATION

0 SECURITY NO. 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) No None Mrs. Robert Himes

10603 Amhurst Avenue Silver Spring.

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury at complication which coused deoth.)

John Raulin

oddress or location)

(If not in hospital or institution, give street

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost,

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED

198. CONDITION FOR WHICH OPERATION

WAS PERFORMED

20A. AUTOPSY? (Yes or No)

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF

Attending Phys.

(If in Baltimare City, give exact location)

O 123B: DATE SIGNED

DEATH (notify medical examined 21D. TIME (Month) (Day) (Year) (Hour)

that (1) (we) last saw the deceased alive an

DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

21E, INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

(APPROX.)	Wark
22. I certify that (I) (this haspital) atte	nded the deceased

Not While | At Work from

M.D.

EUE

and that in (my) four aginian death revered an the face death. Regre This certificate at the bloom

and hour and from the causes stated above. (1) (We) (July) (did not) view the bady after death. 23A. SIGNATURE

Med. Director 23D. ADDRESS

	Phys. L		
8	D	41	17

24A. BURIAL CREMATION, 24B. DATE

24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION

Nov 29, 1965 Cedar Hill Cemetery 25A. DATE REC'D NOV 30

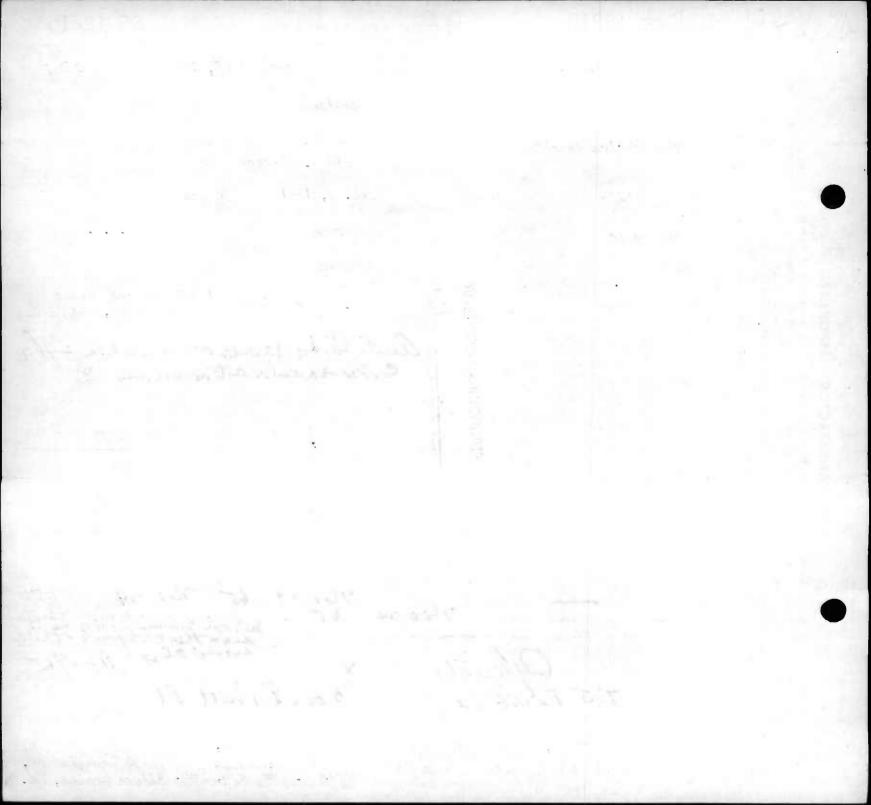
Suitland. 25C. FUNERAL DIRECTOR uniphrey,

VS 150-REV. 1/1/65

23 C. PHYSICIAN'S

NAME (Type)

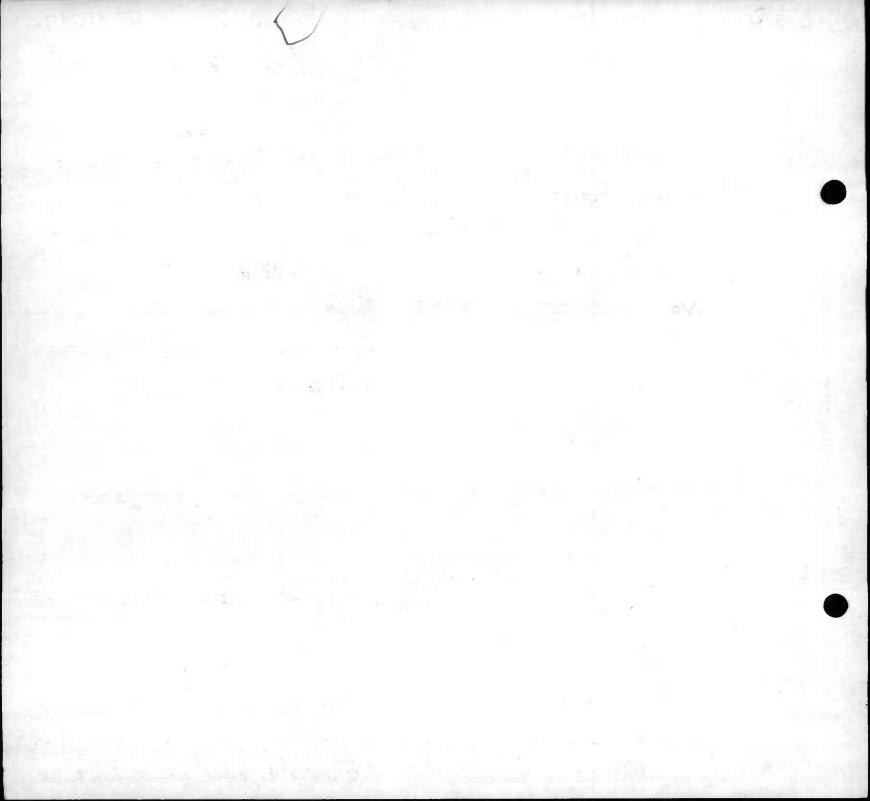
to the hospital nature; be obtained 9 approved (except and any death); of 0 the body was released hospit accident certificate must 10 approval 0 eceased prior at An was D.O.A. shows: (1)



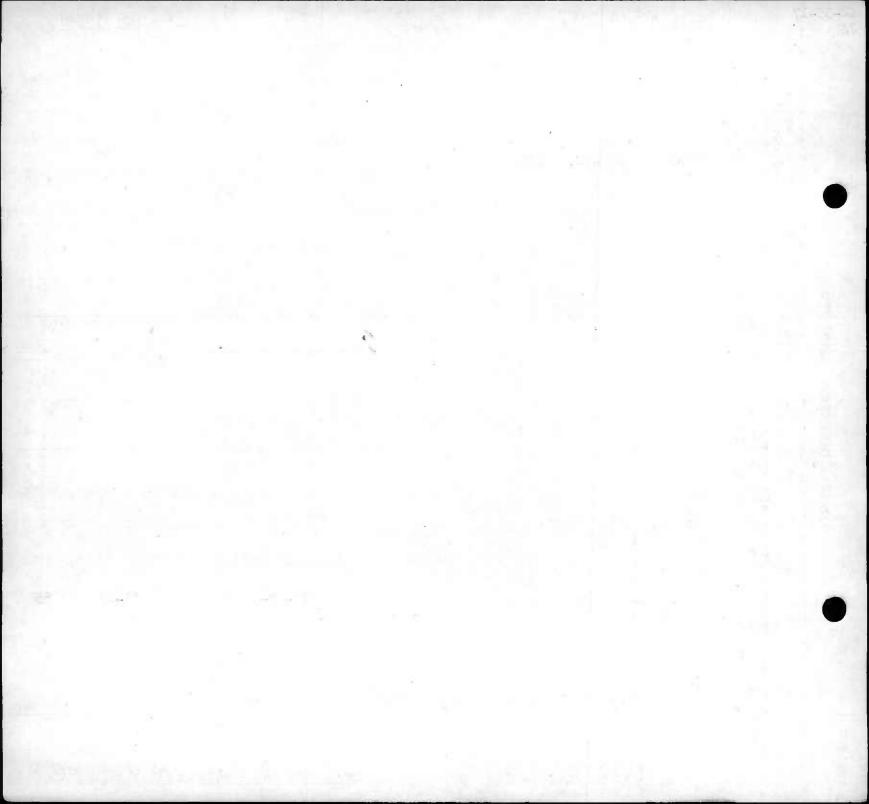
BALTIMORE CITY HEALTH DEPARTMENT Registered No. (4) Undetermined cause; (5) Deceased BIRTH NO. ande Such of death M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no 3. PLACE OF DEATH IN BALTIMORE, MARYLA hospital 4. USUAL RESIDENCE (Where eath ance contributing cause (If not in hospital or institution, give street FULL NAME OF P HOSPITAL OR address or location) attend 0 INSTITUTION prior MONTEBELLO occurred made. regular 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX eceased WIDOWED. DIVORCED (specify) lost birthdov WHITE MALE WHITE SINGLE tote or foreign country) death disposition 2 ŏ 5CHOOL STUDEN 13. FATHERS NAME Was 14. MOTHER'S MAIDEN NAME the CHARLES Do DONES

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) death HO kind; 6. SOCIAL INFORMANT final SECURITY NO. attendance NONE any pronounced 10 or his DISEASE OF CONDITION DIRECTLY Also, embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., by the chief medical examiner heart failure, asthenia, etc. It means the disease. regular injury as camplication which caused death.) ANTECEDENT CAUSES ho DUE TO are DISEASES OR CONDITIONS, if any, 4 3 3 rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION Inst. medical Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 19B CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the WAS PERFORMED NO before to the hospital by 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ere 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF °Z MEDICAL DEATH (notify medical examiner) otc. any nature; * obtained 210. TME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While r (APPROX.) Work At Work and 22. I certify that (I) (th(s hospital) attended the deceased from that (1) (we) last sow the deceased alive on. -28-1965 0 eath) hospital and hour and from the couses stated above. (1) (We) (and) (did not) view the body after death. the body was released must An accident 23A. SIGNATURE 0 M.D. Attending Med. 0 Phys. Director approval 0 23 C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS at Zin. U. Park ON 24A. BURIAL CREMATION, 248, DATE eceased was D.O. REMOVAL (Specify) decease 268 NAME OF AGILTRAS BUMA shows: 4430 BELA REDEEMER 25C PUNEIAL DIRECTOR VS 150-REV. 1/1/65

outside city (imits, write RURAL and give township) AMILTOWNE If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Bottimore City, give exact location) ond that in (my) (our) ofinion death occurred on the date 23 B. DATE SIGNED



	OF 40945	BALTIMORE CITY	HEALTH DEPARTMENT		OF ADDAM
BIRT	H NO. 65 12217	CERTIFICA	TE OF DEATH	Registered Na	65 12217
тур	CASE NO. 42-35-17 AME OF DECEASED OF OF Print! ANNA HEILAND		11/27	HOUR OF DEATH	15 19 pm
	FULL NAME OF (It not in hospitol or institution, give oddiess or locotion) NSTITUTION	street	4. USUAL RESIDENCE (When A. STATE B. COUN MARY (AND C. CITY OR TOWN (If out	71279	itution: residence before odmissi
1	BAITIMORE CITY HOSPITAL 4940 EASTERN AVE. #21224			rurol, give location)	2000
5. 5		(ED AAABBIED	172 S. Coll		H H-1-3 V
F	FINALE WHITE MARRI	VORCED (specify) この	11-18-07	58	It Under 3 Yr. It Under 24 Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS e during most of working life, even if retired)	SINESS OR INDUSTRY	MARY LAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	William H. Sahw		14. MOTHER'S MAIDEN NAM		
15. Yes	Was Deceased Ever in U. S. Armed Forces? 16.	SOCIAL SECURITY NO.	WIMMER, 17. INFORMANT 17 HUSDAND	25. Coll Howard H	INS ADDRESS AVE
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	7	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	Paeumon	ia	Jegusos
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) staling the UNDERLYING CONDITION last.	(C)			
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING (T. 19.A. DATE OF OPERATION 1198. CONDITION FOR WHICE	CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FII	NDINGS CONSIDERED
ERTIF	WAS PERFORMED		NO	IN CERTIFYING CAUS	SES OF DEATH?
AL C	21A. A CCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	CE OF INJURY (e.g., in orm, foctory, street, of	fice bldg.,	(If in Boltimore	City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ OF INJURY (APPROX.) While A Work	Not While	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this haspital) attended the d	eceased fram	11-27-1	9 65 10	11-27 19 65
	22. I certify that (I) (this haspital) attended the d that (I) (we) last saw the deceased alive an and have and from the causes stated above. (I) (W 23A. SIGNATURE)	eceased fram 11-27- (e) (did) (did not) v	19 65 and the lew the bady after death.	at in(my) (aur) apini	11-27 19 on death accurred on the
24	A BURIAL CREMATION, 24B. DATE 24C, NAME	M.D.	MATORY PAR	A CONTINUE OF THE PROPERTY OF	lown or country.
254	BURIA 12/1/65 LOW DATE REC'D BY HEALTH DEPT. 1258. NAME OF B.	dow PAR	K Cens. B 25C, FUNERAL DIRECTOR	ALTO.	(Stown, or county) Address
VS	NOV 3 0 1965 Reliab 8	- Coloch	G. SRUMAN	OCHWAR	3512 FRF



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suck
written marrows must be obtained before the remains are embalmed or final disnocition is made.

		BALTIMORE CIT	HEALTH DEPARTMENT	0	E 4994Q
BIRTH NO. 65 12218		CERTIFICA	TE OF DEATH F	egistered Na. 6	O TECTO
NAME OF DECEASED	1		2. DATE AND H		
		lda Mae	Novemb	er 28,1965	6;30 a
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where dec	eesed lived. If institution:	residence before edmissi
FULL NAME OF (If not in hospitel	er institution.	nive street	Maryland Harf	ord	
HOSPITAL OR oddress or tocotion		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. CITY OR TOWN (If eutside	city limits, write RURAL e	nd give tewnship)
			Aberdeen	6	2-28
/ Montebello Sta	ate nos	spital	D. STREET ADDRESS (If rurol,		
-			12 S.Rogers	St.	
5. SEX 6. RACE		NEVER MARRIED DIVORCED (specify)	lost I	E (In years If Und inhdoy) Menth	ler 1 Yr. If Under 24 H
E, M	Wido		11-22-1881	84	
10A. USUAL OCCUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co	ountry 12. Ct	TIZEN OF
done during most of working life, even if retired)		lome	Laryland	**	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
George Harvey	T.O		Katherine Ca	יר יו	
				1 4	
15. Was Deceased Ever in U.S. Armed Fer (Yes, ne er unknewn) (If yes, give wer er dote	ces? es ef service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		212-38-1484	. Hospital cha	rt	
18. 4 4.3 X I		CAUSE C	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIR	RECTLY				ONSET AND DEATH
LEADING TO DEATH		(A) Hype	rtensive cardio	vascular	years
(This does not meen the mode of hearl feilure, asthenio, etc. It means		DUE TO	disease, associ cerebral arteri	ated with	0040 CO ((((100 CO) - 100 CO) ((100 CO) - 100 CO)
injury or camplication which caused		777	cerebral arteri	al thrombos	is
ANTECEDENT CALLER		(B) Unk	73 O WEG 0 0 11 C 0		
ANTECEDENT CAUSES		DUE TO	nown cause	*****	
DISEASES OR CONDITIONS, if		DUE TO	TIO WIT CAUSE		
DISEASES OR CONDITIONS, if	eny, giving	DUE TO	- Cause		
DISEASES OR CONDITIONS, if	eny, giving	DUE TO	-		
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DISEASES OR CONDITIONS, if rise to the above ceuse (A) UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CAUSING TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT RELADISEASE OF CONDITION CAUSING TO THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Dey) (Year) 21D. TIME (Month) (Dey) (Year) 22. I certify that (I) (this hospital that (I) we) last saw the decease and haur and fram the causes, star	CONTRIBUTING ATED TO TH IT. IDITION FOR WATED (Hour) 21E. Whit Whit Whit Whit Whit Whit Whit Whit	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., e., form, fectery, street, e., form, fectery,	20A. AUTOPSY? (Yes er No) 20 IN in or obout 21C. WHERE DID ffice bldg., NJURY OCCUR? 21F. HOW DID INJURY 28 19 5 and that in view the bady after death. ending Med. Stoff Phys	S. IF YES, WERE FINDING CERTIFYING CAUSES OF OCCUR? ToOVELOGO (my) (aur) aplnian de	ive exoct locetien) 28 19 65 ath accurred on the course
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Turks

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		BALTIMORE CITY	Y HEALTH DEPARTMENT	0.5
BIRTH NO.	65 12219	CERTIFICA	ATE OF DEATH Registered	No. 65 12219
M.E. CASE I			2. DATE AND HOUR OF DEA	ATH
(Type or Prin	crnest t	GAZZ OATES	Nov. 25, 1965	2:45
CER	TIFICATE	AMENDED	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before odmi
FULL NA HOSPITAL INSTITUTI	OR oddress or local	ol or institution, give strep2-3-65		rite RURAL and give township)
14	Union Memoria	el Hospital	D. STREET ADDRESS (If rurol, give location)
			6415 (edonia Avenue	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	April 19, 1893 9. AGE (In years last birthday) 72	Months Doys Hours
done during m	ost of working life, even if retired	ork 108, KIND OF BUSINESS OR INDUSTRY	Y II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ACCO	untant	Albert F. Goetz Co	Bristol England 14. MOTHER'S MAIDEN NAME	G.S./II
	rge Oates		Unknown	
15. Was Dec	eased Ever in U. S. Armed I known) (If yes, give wor or de	Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	year give wor or or	036-03-4814	Ruby Oates - 6415 (Edor	ria Avenue 21206
18.	22.11	CAUSE (DF DEATH	INTERVAL BETWEEN
0	ISEASE OR CONDITION	A	1 - 011	
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Injury o	r complication which cous		disease	2 years
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OTHER	SIGNIFICANT CONDITIONS HE DEATH BUT NOT RE			
DISEAS	E OR CONDITION CAUSING		IOAA AAATTANA W	
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OR CON DEATH	TE OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION ERFORMED	in or obout 21 C. WHERE DID (If in Boli	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
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Meadowridge Memorial Park

1258. NAME OF REGISTRAR

125C. FUNERAL D

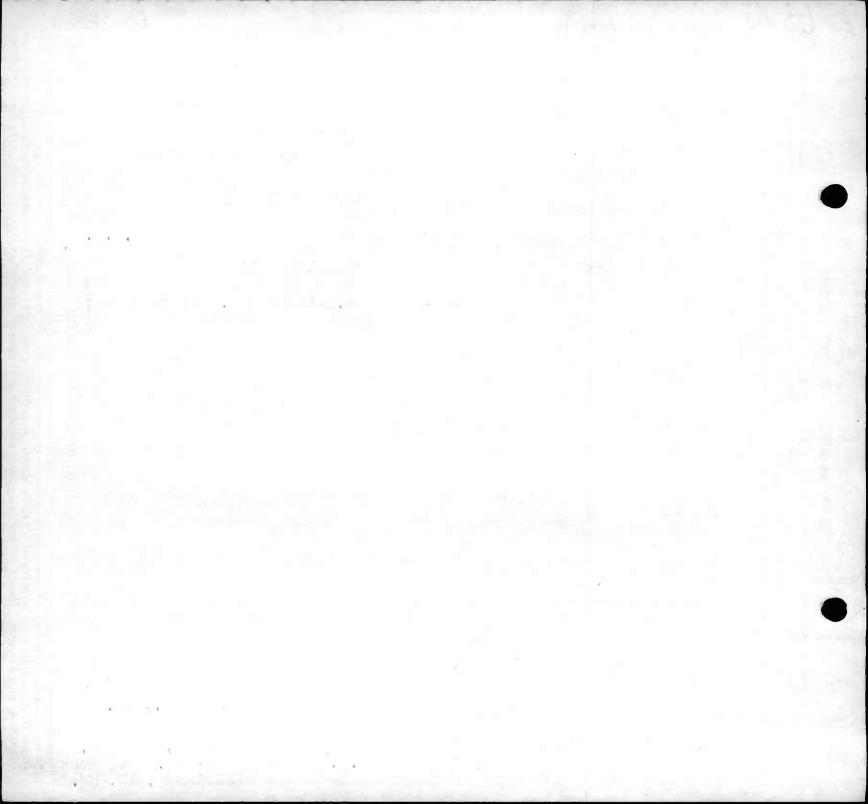
1965

John C. Miller Inc-6415 Belair Road

VS 150-REV. 1/1/65

Such

		BALTIMORE CITY	HEALTH DEPARTMENT	0= 100
BIRTH NO.	65 12220	CERTIFICA	TE OF DEATH × Registered N	65_12220
M.E. CASE NO 1. NAME OF E (Type or Print)	DECEASED	EWERTZ	2. DATE AND HOUR OF DEA	TH 1652 (PA
3. PLACE OF	DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission)
FULL NAM	E OF III not in hospital	ar institution, give street		timore
HOSPITAL O	OR oddress or location		C. CITY OR TOWN (If outside city limits, wri	te RURAL and give tawnship)
		,	Baltimore 12 D. STREET ADDRESS (If rurol, give locotion)	53-10
1 M.	ERCY H	OSPITAL		
	/		208 Hopkins Road	
. sex	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In years lost birthday) 63	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	CCUPATION (Give kind of war of af working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	apist	Physical Therapy	Swedan	U,S.A.
3. FATHER'S			14. MOTHER'S MAIDEN NAME	
Carl	Patrick		Matilda Gullberg	
S. Was Decea	sed Ever in U. S. Armed Fo		17. INFORMANT	ADDRES
No	own in yes, give wor or doll	102-14-0229	Mrs.Elizabeth S. Ewe	rtz (Same)
18. / 6	3.81	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DIS	EASE OR CONDITION DI	RECTLY	0.4	ONSET AND BEATH
(This doe	LEADING TO DEATH	dving a g	Bulnerary edema	0 54 000 00 0
heart failu	ure, asthenia, etc. It means	the disease,		
injury or	camplication which caused	d death.)	Dulmonary edemal	A
	ANTECEDENT CAUSES	DUE TO		***************************************
	OR CONDITIONS, if the above cause (A)	any, giving		
	ING CONDITION last.	slaling the (C)		
≥ TO THE	GNIFICANT CONDITIONS (DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO THE		
	OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSYTYES NO 20B. IF YES, WEI	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTI	IDENT WAS UNDERLYING RIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)		nore City, give exact locotion)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	Y	While At Not Whil	e —	
		Wark At Work		
		1) attended the deceased from	[Nov.] 19 65 10 /1	011 26 1965
that M (we) last saw the decease	ed alive an NOV 26	19.65 and that in (my) (aur)	pinian death accurred an the dat
and haur	and from the causes sta	red abave. (1) (We) (did) (did eqt) v	riew the bady after death.	
23A. SIGN	ATURE	1-	/	23B. DATE SIGNED
	Wen - Ku	M.D. Atte	ending Med. Stoff Phys.	Nov 26,1865
23C-PHYSI			23D. ADDRESS	
	Wen-Rue	z Ko M.D.	Mercy Hospital, Bal	to . Md.
AA. BURIAL C	CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRE		(City, town, ar county) (State)
	4 4	306		
remati		258. NAME OF REGISTRAR	Baltimore	Md.
		Plant E. Farle MA	135C FUNERAL DIRECTOR & Sons (Co. 4905 York Roa
/S 150-REV. 1		TO CIENT C' CONTRACT	Baltimo	re, 12, Md.
- 100 ME VI II				

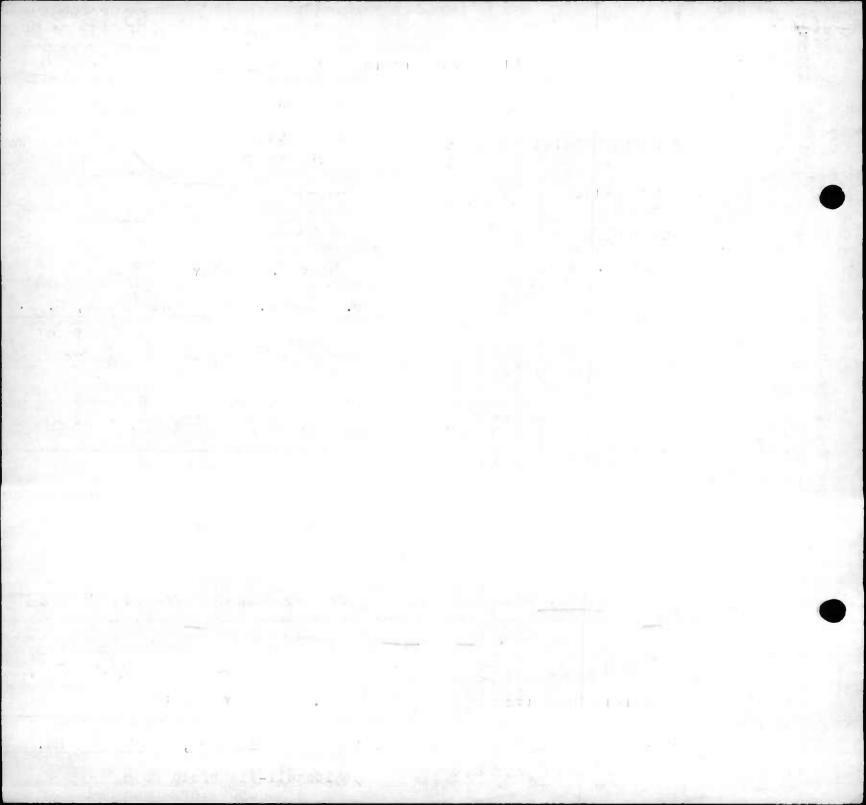


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	E OF DECE	ASEO					ND HOUR OF OE		. 15
(Type or		Robe	ert Mel	lvaine Tor	rence	Nov	. 27,196	5	6 =
3. PLAC	E OF DEA	TH IN BALTIMORE, MA	ARYLAND		A, STATE	RESIDENCE (WI B, COU	ere deceased lived.	If institution: re	
FULL	NAME OF	(If not in hospital	or institution.	give street	Ma	ryland		21	7-13
HOSE	TUTION	oddress or location			C. CITY OR	TOWN (If o	outside city limits, w	rite RURAL one	give township)
7						ltimore			
0		110 Edgeva	le Rd.				rurol, give locotion	1)	
5. SEX		6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under Months;	Doys Hours
Mal		White	Mar	ried	Feb.	3. 1873	92		
		PATION (Give kind of wor ranking life, even if retired)		BUSINESS OR INDUSTR	Y 11, BIRTHPL	ACE (State or for	reign country)	12, CITI	ZEN OF AT COUNTRY?
	Retire		GLass	Company	New	Haven,	Penna.		
	HER'S NAM		raegi	TUTAG	14. MOTHER	R'S MAIDEN N	AME		
	Thomas	Porona mana	nonac		0	tando 0	MoTlania		
15, Was	Deceased	Rogers Tori	rces?	1 6. SOCIAL	17. INFORM		McIlvaine	3	ADORESS
(Yes, no	or unknown)	(II yes, give wor or dot	es of service)	SECURITY NO.					
	0			212-03-2367		t G. Tor	rence Har		
1B.	421	0 1 0 1			OF DEATH				ONSET AND OF
- 1		E OR CONDITION DI LEADING TO DEATH		AT.	0 -	1.11	77	4	
/Th				(A) Call	- Seleni	he Hea	N Discor		······································
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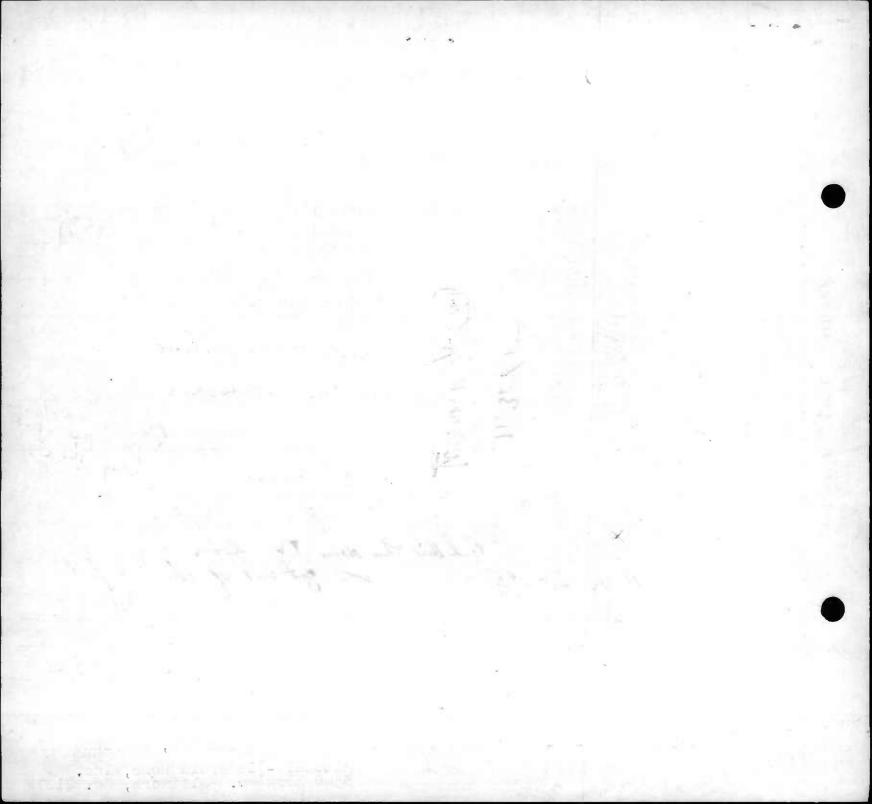
	G
FUNERAL DIRECTOR: IMPORTANT	6
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	death occurred in a hospital and
ody was released to the hospital by a medical examiner. Also, if the dire	ct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	Undetermined cause; (5) Deceased
D.O.A. at a hospital (except where the physician who pronounced death	vas in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	he deceased prior to death. Such
an approval must be obtained before the remains are embalmed or final dis-	osition is made.

0= 106	200	BALTIMORE CITY	HEALTH DEPARTMENT		CE 49900
BIRTH NO. 65 122	ELL	CERTIFICA	TE OF DEATH	Registered No.	65 12222
M.E. CASE NO. 1. NAME OF DECEASED				AND HOUR OF DEATH	1
(Type or Print)		ZABETH GRIFF	IN 1	1-28-65	6:00 PM
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before admissi
FINA MANE OF A STATE OF	. becaused as to six a		NEW YORK		1/ 20
HOSPITAL OR oddress	hospital or institut or location)	ron, give street		outside city limits, write	RURAL ond give township)
INSTITUTION					give terminally
THE JOHNS HO	PKINS HO	SPITAL	SCARSDALE D. STREET ADDRESS	(If rural, give location)	
			GARTHWOOD	ROAD	
S. SEX 6. RACE	[7 AAAN	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
FEMALE WHIT	WIDO	ARRIED	5-12-12	lost binbdoy)	Months Doys Hours Min.
IOA. USUAL OCCUPATION (GIVE	ind of work 10B. KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF
done during most of working life, even	if retired)		Maryland		WHAT COUNTRY?
Housewife					UDA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
CHARLES H.	BURNS		MARY F.	Toughy	
S. Was Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give w	var or dotes of servi	SECURITY NO.	16. 33	0-1001	C 3 - 7 37 37
				. Griffin	Scarsdale, N.
18.20011		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI				m.	JASEL AND DEATH
LEADING TO		(A)	Hepatic INSV	Muercy	6 days
(This does not mean the heart failure, asthenia, etc.				/	
injury ar camplication which		use,			
ANTECEDENT	CAUSES	(B)		**********************	
		DUE TO			
rise to the above cou		the (C)	impho sarcoma		9 months
UNDERLYING CONDITION		, -, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
11					
O OTHER SIGNIFICANT COND					
TO THE DEATH BUT N		THE			
19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
12	WAS PERFORMED		1/00	IN CERTIFYING C.	AUSES OF DEATH?
21A. ACCIDENT WAS UNDE	RLYING	21B. PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DIE	(If in Boltimo	ore City, give exact location)
OR CONTRIBUTING CAUS	E OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR	?	
<u>u</u>					
OF INJURY (Month) (Do)	(Yeor) (Hour)	21E, INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		While At Not While Work At Work			
22 1 - 11 11 11 11 11	1			10/5	1- 30 1
22. I certify that (1) (this		11 25 1	11-18-		1- 28 196
that (I) (we) lost sow the	deceased olive	on 11-28-6-	19 ond	that in (my) (our) of	pinion deoth occurred on the c
and hour and from the cou	uses stated above	e. (I) (We) (did) (dld not) v		S. Carrier	
23A. SIGNATURE	- 1	7,1-10/10/10/1	ine seaj onei deoi		23B, DATE SIGNED
12/0	71	M.D. Atte	ending Med.	Stoff -	/ /
(They	Howar	Phy	s. Director	Phys.	11/28/65
23C. PHYSICIAN'S			23D. ADDRESS		
NAME (Type)	HOROWITZ	M.D.	601 N. BRO.	ADWAY BALT	IMORE
		C. NAME of CEMETERY of CRE			
REMOVAL (Specify)	24	C. NAME OF CEMETERS OF CRI	EMATORT 24D	LOCATION (City, town, or county) (State
Burial 1	2/1/65	New Cathedra	l F	Baltimore.	Md.
SA. DATE REC'D BY HEALTH D		ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
NOV 30 1	1965 (12.0.	E taska M.M.	Mit tan in	-Wiedefeld	Home
/s 150_95\/_1/1\45	48.94		in minouell		7*
VS 150-REV. 1/1/465== ;				6500 York	Road #12



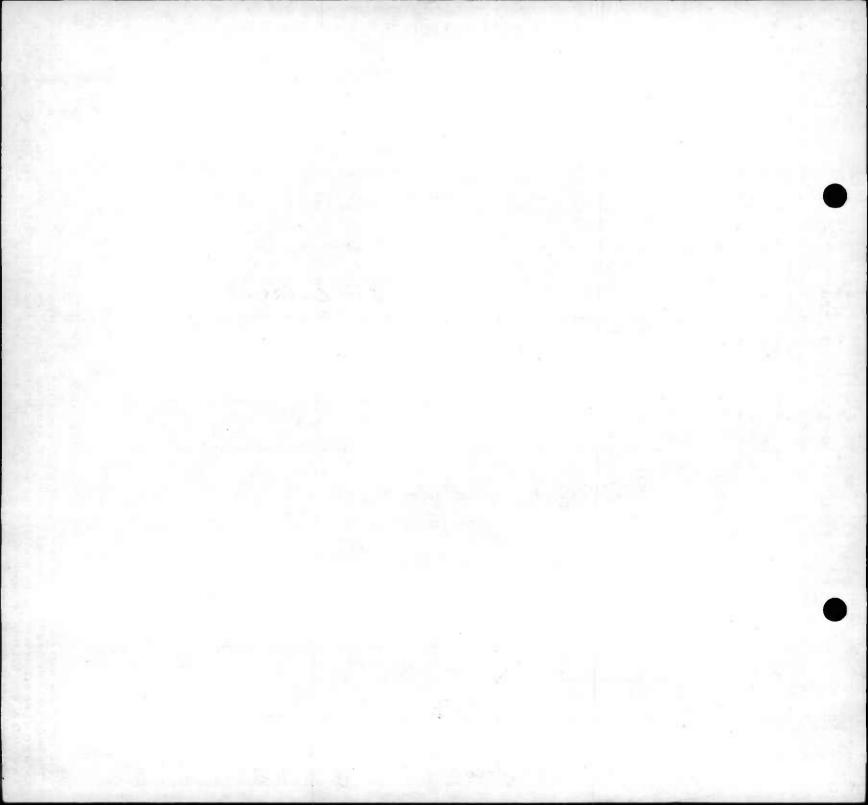
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

05 49999	BALTIMORE CITY	HEALTH DEPARTME	NT	65 12223
BIRTH NO. 65 12223	CERTIFICA	TE OF DEAT	TH Registered Na	OO LEWING
1. NAME OF DECEASED	1		TE AND HOUR OF DEATH	1
(Type grenn)	le		4/2	7/C5 550 AM.
3. PLACE OF DEATH IN BALTIN ORE, MARYLAND			(Where deceased lived. It insti	itution: residence before admission)
FULL NAME OF (If not in hospital or institution, giv.	e street	Mary	and	14-03
HOSPITAL OR address or lacotion)	11 1	C. CITY OR TOWN	(If outside city limits, write RU	RAL and give township)
Maryland beneral	Assb. ton		wore	
Baltomore, Mary	and	80Z	V. Eutan	, St. 181.
	EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		"Palto	, Ind.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDE	NAME	
Was F. Gonles.		Ann 1	McConn	
15. Wps Deceased Ever in U. S. Armed Forces? (Yes, do ex unknown)(If yes, give wor or doles of service)	SPOURTY NO.	17. INFORMANT	-17	ADDRESS
	- 52	HOSE	, tal Cla	7
18. 4/ 2. / / 1 1 1 1 1 1 1 1 1	CAUSE O	F DEATH		INTERVAL BETWEEN
		4 . /	. T. 1 1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying ce.g.,	ME CO	neconver	con facure	
heat failure asthenia etc. It means the discusse	. 0			
3	A Second	artic	Stemosis	
DISEASES OR CONDITIONS, if ony, giving	DUE TO			a cel
rise to the above couse (A) stating The	2 30			Jale Lon
UNDERLYING CONDITION loss.	2 4			on att
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	THEX	Rt. G	ip.	len mi
1994. DATE OF OPERATION 198. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes	or No) 208, IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PI	ACE OF INJURY (e.g., i	n or about 21 C WHERE	DID (If in soltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	0 4.00 0	T T	V Rome .	2. D. Hora
	JURY OCCURRED	le A	ID INJURY OCCUR?	320 900
(APPROX.) // 16 65 7 Work	At Not White	· 1 300	out of cha	u + feel
22. I certify that (1) (this hospital) attended the		11/16/	6.5.19 to	11/27 19
that (I) (we) last saw the deceased alive an	1.1	12)9 65		on death accurred an the date
and haur and fram the causes stated above. (1)	We) (did) (did nat)			
23A SIGNATURE	Λ.			23B. DATE SYGNED
1 - Dieplan 1 argo	M.D. Att	ending Med. S. Director	Stoff Phys.	10/27/65
23C-PHYSICIAN'S NAME (Type)		23D. ADDRESS		
NAME (Type)	_ M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAN REMOVAL (Specify)	NE OF CEMETERY OF CR	EMATORY	24D. LOCATION (City,	, lown, or county) (State)
D -1.7 44 00 (41 17	w. Cathedra	1	Baltimore,	Manuland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIR	RECTOR	Maryland
NOV 3 0 1965 1 Quito	" TELL TOPEN HAIN	Mitchel	1-Wiedefeld H	ome, Inc.
VS 150-REV. 1/1/65		0,000 10	rk na. Paltim	ore, Md. 21212



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THIS COLLINGATE HIGH APPLOAGE BY THE CHIEF MEDICAL EXAMINED OF HIS ASSISTANT IT DEATH OCCURRED IN A HOSPITAL AN	P	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc		
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	the	she	W	e p	*	

	11=20U721 BA	LTIMORE CITY	HEALTH DEPARTMENT	5 49904
	тн но. 45-29872 65 12224 СЕ	RTIFICA	TE OF DEATH	5 12224
1, N (Ty	e case No. JAME OF DECEASED PO OF Print! Baby Boy Kepling	er 1	Nuckey 11-29-65	1155 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If institu	ution: residence before odmission)
	FULL NAME OF (II not in haspital or institution, give street HOSPITAL OR address or lacation)		C. CITY OR TOWN (Il outside city limits, write RUR	altimore
	Mercy Hospital		Baltime te	St ond dive township)
1/			D. STREET ADDRESS (If rural, give location)	
			4113 Maribain	COUFT.
5.	Male White Widowed, DIVORCE	ED (specily)	11/04/67	Under 1 Yr. If Under 24 Hrs. Lonths Doys Hours Min.
dor	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS to during most of working life, even if refired)	OR INDUSTRY	Maryland	2. CITIZEN OF WHAT COUNTRY?
	James W. Keplin	ger	14. MOTHER'S MAIDEN NAME Madeline Kn	uckey.
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (III yes, give war ar dates at service) 16. SOCIA SECUI	RITY NO.	Ruth Colfor, 4911 East Baltimere	tern Ave,
	18.760.3T	CAUSE	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) T	ntracranial tremorrhage	6h5.
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	0	######################################
	injury ar camplication which caused death,)			CURRENT THE
	ANTECEDENT CAUSES	DUE TO		m(mmeaso ::::::::::::::::::::::::::::::::::::
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	(C)	***************************************	m4
	UNDERLYING CONDITION last.		\$ P	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pre	maturity	
CERTIFIC	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OP	ERATION	20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21B. PLACE Of home, form, for etc.)	F INJURY (e.g., i octory, street, o	n or obout 21 C. WHERE DID (II in Boltimore Ci lfice bldg., INJURY OCCUR?	ly, give exoct location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY C	Not While		
	22. I certify that (1) (this hospital) attended the decease	ed fram	11-24-65 19 to /	1-29-6519
	that (1) (we) lost saw the deceased alive an	11-29	19 65 and that In(my) (aur) opinio	n death accurred an the date
	and haur and fram the causes stated above. (I) (We) (di	d) (did nat)	view the body after death.	
	23A. SIGNATURE Levy & Shellow	M.D. Att.	ending Med. Stoff Phys.	11-29-65
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
244	A. BURIAL CREMATION, 124B. DATE 1 124C, NAME of CE	METERY of CR	EMATORY 240/ LO CATION (City.	91
	REMOVAL (Specily) 11/30/65 Loudon To	1	metery Baitimore, A	town, or county) (State)
25/	201101	AR	25C. FUNERAL DIRECTOR	ADDRESS
	DEC 1 1965 P.O. 4 & Factoria	AB)	Nicholas, T. Matthews	
VS	150-REV. 1/1/65	1,5	Java Lern Ave.	Baltimere, Md

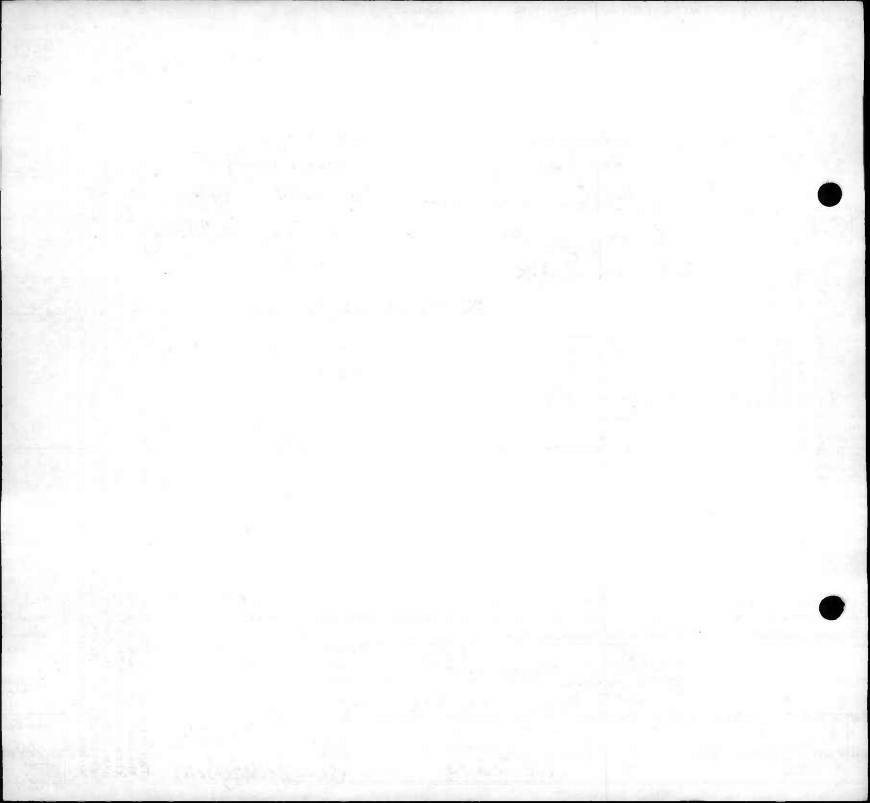


FUNERAL DIRECTOR: IMPORTANT

of death Deceased the uo hospital death. of ance (5) cause attend cause; 0 prior contributing (4) Undetermined disposition is made. regular deceased ō MOS 0 the dire assistant death LO kind; final attendance any pronounced 0 50, med of fracture ball miner. regular em e who are <u>e</u> physician remains chief medical Was medical physician the (2) Body the 0 before where hospital °Z nature; obtained 9 (except and the any pe of eath) hospital must accident Ö 0 approval 0 prior at D.O.A. eceased he body written shows: Was

VS 150-REV, 1/1/65

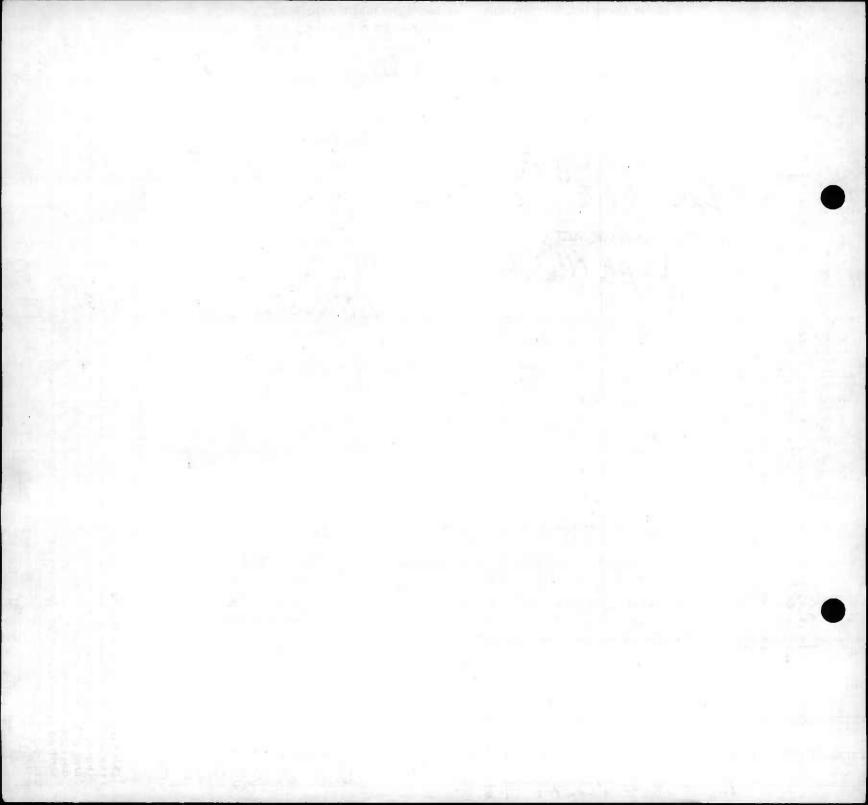
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decoosed lived, Il institution: residence before edmissib A. STATE FULL NAME OF (If not in hospital or institution, give street oddross or locotion) /Uf outside city limits, write RURAL and give township) MARRUD, NEVER MARRIED If Under 1 Yr. If Under 1 And Months Doys Hours 6. RACE 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF foreign country) WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armod Forces 7. INFORMAN ADDRESS 6. SOCIAL (Yes, no or unknown) (It yes, give wor or dotos of sorvico) SECURITY NO. INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last. ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (o.g., in or about 21 C. WHERE DID homo, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notity modical examiner) MEDI 21 D. TIME (Month) (Dov) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work NOU. 22. I certify that (I) (this hospital) attended the deceased from 196 S NOU that (1) (we) lost saw the deceased alive on and that in (my) (our) apinion death occurred an the date and hour ond from the causes stated obove. (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Attending Phys. Mod. Director Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS NKUDAS M.D. 1800 24A. BURIAL CREMATION, lown, or county) REMOVAL (Specily) DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	DE ADOMO		HEALTH DEPARTMENT	6	5 40000
	TH NO. 65 1266	CERTIFICA	TE OF DEATH	Registered No.	3 16/66
1. h (Ty	De or Print)	CHURGI	-/ 2. DATE A	MA 21165	5- 375P. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUL	ere doceasod Kvod. If is	nstitution residence before admission)
	FULL NAME OF (If not in hospital or institution oddies or location)	on, give street	C. CHI OR TOWN ,(If or	utside city limits, write	RURAL and give township)
#/	Settle suis of ce	30000	D. STREET ADDRESS (III	rurol, give location)	
	1200 Valley Dl		1200 Val	ley toll	
5.	Male White in	ED, NEVER MARRIED WED, DIVORCED (specify)	11/24/1866	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIND e during most of working file, even if retired) LIWE ALACEMET	OF BUSINESS OR INDUSTRY	That I BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME SUBLE CHURCH	7	Marua)	ME	
15. (Ye	Was Deceased Ever in U. S. Armed Forces?	o) 16. SOCIAL SECURITY NO.	17. INFORMANT	alth. Par	ADDRESS 1200
	18. 4. 2. / 1	CAUSE O	F DEATH	op way ou	INTERVAL RETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	Pulmien 12	NU coler	ne
	(This does not mean the made at dying, e heart laiture, asthenia, etc. It means the disec injury ar complication which caused death.)	.g., DUE TO	9.5 CV	2	
	ANTECEDENT CAUSES	(B)		/, 8w	
	DISEASES OR CONDITIONS, il any, giv rise la lhe abave cause (A) stating UNDERLYING CONDITION last.	-	enile # qu	nerobjed	
MOIT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FO	DR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
AL CE	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i homo, lorm, loctory, street, o etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimor	e City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Your) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		JURY OCCUR?	
	22. I certify that (I) (this hospital) attende			1963 to N	00,287, 1965
	that (I) (we) last saw the deceased alive o	1	19 6 5 and t		inian death accurred on the date
	and hour and from the causes stated above	. (I) (We) (did) (did not)	riew the bady after death.		DATE SIGNIFICATION OF THE PROPERTY OF THE PROP
	Stanly and		onding Med. Director	Stoff Phys.	11, 29, 65
	23C. PHYSICIAN'S NAME (Type) SFAWLEY A	INREEDAS M.O.	23D. ADDRESS /802 W./	Buel	+ Bolto.
24.	emval 11/29/65	NAME of CEMETERY OF CR	ZSC. YUNERAL DIRECTO	Jurling	Me Address 2024
VS	DEC 1,1965 Och 2, 30	6 5 0 D	May Her	urgsons	Unleans st 31-



		HEALTH DEPARTMENT	and the OF	10000
M.E. CASE NO. 1, NAME OF DECEASED	CERTIFICA	TE OF DEATH	Registered No. 65	32221
Type or Print Elange CHRYSTAL, ELI	LA		7-65	1:30A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dec	ceosed lived. If institution	
FULL NAME OF (If not in hospital or institution, give	e street	MARYLAND		(1) 10 OFF
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outside	city limits, write RURAL	and give township)
ST. AGNES HOSPITAL		D. STREET ADDRESS (If rurol,	give location)	03.00
SI. AGNES HUSPITAL			OVER ROAD	
SEX 6. RACE 7. MARRIED, NE			GE (In years If Un birthday) Month	der 1 Yr. If Under 24 Hrs.
FEMALE WHITE WIDOWED	OWED (specify)	8-16-95	70 Month	Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BU	JSINESS OR INDUSTRY		ountry) 12. C	STIZEN OF VHAT COUNTRY?
HOUSEWIFE		MARYLAND	- 2	15A
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME		
JOSEPH BROWN		SARAH BUTT	ON	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,	JEGORITI NO.	ST. AGNES RECO	ORDS -CATON	& WILKENS AV
18. 4/0X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 00		OHISEI AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) M	it roll in sufficie	ncy ound	*************
hearl failure, asthenia, etc. It means the disease,	551.10	stemosis, 1	7	
injury ar camplication which caused death.) ANTECEDENT CAUSES	(B)	Congestive heart	failure	
DISEASES OR CONDITIONS, if any, giving	DUE TO	Contigue	0	/
rise to the above cause (A) stating the	(c) Ati	ial fibrilation,	a belowned	00 00 00 00 000 000 0000 0000 0000 0000 0000
UNDERLYING CONDITION Iasi.	- au	nter beneurism		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			=	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		A service of the		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLA	ICH OPERATION	20A. AUTOPSY? (Yes or No) 201	B. IF YES, WERE FINDING CERTIFYING CAUSES O	GS CONSIDERED F DEATH?
U 214 ACCIDENT WAS UNDERLYING	ACE OF INTURY (a.c. in	Ues	(If in Baltimare City,	
U 21 A ACCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF OBEATH (notify medical examiner)	form, foctory, street, off	or about 21°C, WHERE DID ice bldg., INJURY OCCUR?	an in oblimbre City,	ALAC GYACI IOCOROLI)
U	NJURY OCCURRED	21E HOW DID INCOME	O.C.C.U.B.Z	
OF INJURY	At Not While	21 F. HOW DID INJURY	O CCUR!	
Wark	At Work			0 = 0 = 0 =
22. I certify that (I) (this haspital) attended the a		65		BER 27 19 65.
that (!) (we) last saw the deceased alive an N			(my) (aur) aplnian de	eath occurred an the date
and haur and from the causes stated abave. (1) (Y	We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE	M.D. Atter	nding Med. Stoff	23 B. D	ATE SIGNED
TOWN TO THE TOWN	Phys	. Director Phys.	. 🗆	
23C. PHYSICIAN'S NAME (Type) CEMIL GOBAL		ST. AGNES HOSP	ITAL -CATO	N & WILKENCAVI
24A BURIAL CREATION 245 CATE	M.D.		11712 07110	WILKENSAVI
REMOVAL (Specify)	TE of CEMETERY OF CRE	MATORY 24D. LOCAT	City, town	n, or county) (State)
11/30/65 Oakle	aux lom	nelly Balls	mon Ma	uplement
DEC 1 1965 P. A. P. 258. NAME OF R	REGISTRAR	25CL FUNERAL DIRECTOR	150001	ADDRESS
DEC 1 1965 P. D. & E. Hall	RUFFLE	francisco my	1328 Auly	au sp ky

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BALTIMORE	CITY	HEALTH	DEPARTMEN

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Registered	No.	CE.	4	2200
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BRTH NO. 65-29212-65 1222	R	TE OF DEATH	Registered No.	19999
M.E. CASE NO.	CERTIFICA	TE OF DEATH		1.6660
1. NAME OF DECEASED (Type or Print) ARY RY	WALKER		D HOUR OF DEATH	1 1120 0
3. PLACE OF DEATH IN BALTIMORE MARYLANI	DITTIER	// -	docoosed lived. If institution	on; residence before odmission)
		A. STATE B. COUN	TY	01 3 0
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddross or location)	lution, give street	C. CITY OR TOWN (If outs	ALTIMORI	and give township)
INSTITUTION		BALTI	MORIT	one give township
UNION MEMO.	RIAL.	D. STREET ADDRESS (If r	urol, give location)	
		1909 E	28 51	FREET
	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	11 - 25 - 65	ost birthdoy) If U Mon	Inder 1 Yr. If Under 24 Hrs ths Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, K)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country) 12.	CITIZEN OF WHAT COUNTRY?
N/A —	NZA	BALTIMU	RE, MD.	4.5
- FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE C	1
RAX WALKE	R	BETTY	JEAN K	OBINSON
. Was Deceased Ever in U. S. Armed Forces? es,no arunknawn) (If yes, give war or dotes of se	16. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	Ray Walker	Baltimore	Maryland
18.9/0.5		OF DEATH A	141 1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		Palmonary H.	Halectages	ONSET AND DEATH
LEADING TO DEATH	(A) U	rematurel	4	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di				
injury or complication which coused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,	giving		X//	
rise to the above couse (A) station	g the (C)		/	
- 11	42.31		/	
	BUTING			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 119B. CONDITION	FOR WHICH OPERATION		208. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
2		YES		yel
DEATH (notify modical axaminer)	218. PLACE OF INJURY (e.g., home, form, foctory, street, otc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore City,	give exact/locotion)
21D. TIME (Month) (Doy) (Year) (Hou	21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work			
22. I certify that (I) (this hospital) atter			965 10 11-2	19 6. 5
that (I) (we) lost sow the deceased aliv	11011 7	C- 110		death accurred on the dat
ond hour and from the causes stoted ob				seem occorred on the do
23A. SIGNATURE	Are (1) (me) (ala) (ala noi)	view the body offer deoth.	22R	DATE SIGNED
1 -23 0.01 h	M.D. All		Stoff 1	1-28-65
23C. PHYSICIAN'S	Phy	23D. ADDRESS	Phys.	
NAME (Type)	DUGG	1 dues a de	Dulman des al C	. Harn to O
MARDELLE M.	BUSS M.D.	UNION MEM	ORTAL HOSPIT	AL Janac.
4A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY of CR	EMATORY 24D. LC	CATION (City, tov	vn, or county) (Stoto)
Burial 11-30-69	Harford Mem.	Gardens A	berdeen. Ma	ar#land
SA. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL BURE CTOR	TUMP our Be	ADDRESS
DEC 1 1985 A 0 8-0	Ja America	a de de la contraction de la c	The state of the s	Commissione
S 150 PEV 1/1/45		1 1 2 2 7/	- warren	The state of the s

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1	65 12229	BALTIMORE CITY	HEALTH DEPARTMENT	60	1.6623
9	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	
	M.E. CASE NO.	0=1111111111111111111111111111111111111			
	1. NAME OF DECEASED IType or Print) SKR110 14-	MARY	2. DATE AN	D HOUR OF DEATH	36C1 750P.
3	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	777	4. USUAL RESIDENCE (When	re deceased Wed. If i	nstitution: residence before odmission)
	FULL NAME OF (If not in hospital or institution,	give street	MaryLand		20-01
- 15	HOSPITAL OR oddress or location)		tside city limits, write	RURAL and give township)	
7	4 BON SECOURS 1	tospital	D. STREET ADDRESS (III	RE. 31.	231
					√€.
5		D, NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
. 11	IDA. USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. NRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife (Bainmore MARYLAND a. A.		
1	13. FATHER'S NAME MAJCHI	PZAK	14. MOTHER'S MAIDEN NA	ME	9 4 9
	GERRIE! MAJE	24	MARY R	OZANSK	;
1	5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or with Arm) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. NEORMANT		ADDRESS
	UNKNOON.		JOHN J. SKRUC	CH-1936	EASTERNAVE.
	18. 420.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	De	ule Human	01. 1.	1 1
	(This does not meon the mode of dying, e.g.			oluling	vous yours.
	heort foilure, osthenio, etc. It meons the diseose injury or compfication which coused death.)		Aerio scle	(
	ANTECEDENT CAUSES	(B) (A)	Meni Sec	wzes	
	DISEASES OR CONDITIONS, if ony, giving				
	UNDERLYING CONDITION lost.	(C)			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IG HE		/	
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or Ne		FINDINGS CONSIDERED AUSES OF DEATH?
	ER O				
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	me, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(II in Boltimo	re City, give exact location)
		E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
		hile At Not While Ork At Work			
	22. I certify that (I) (this hospital) ottended	11,25	19 65 to 1	1.29 1965.	
that (I) (we) lost sow the deceased alive on					Inion deoth occurred an the date
	23A, SIGNATURE				23 B, DATE SIGNED -
	JM. Book	Phy		Phys.	11.29.1965
	23C. PHYSICIAM'S NAME (Type)	M.D.	23D. ADDRESS		
	24A. BURIAL CREMATION, 24B. DATE 24C.N	IAME of CEMETERY of CR	EMATORY 24D. L	OCATION (C	City, town, or county) (State)
	BURIAL 12/3/65 S	T STANISL		ALTIMORI	2 Md
1	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OE REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	DEC 1 1965 R. C. B. E. Sta	Man Man	1 Degarge &	A. Weller	_ 705 S. ann 12
I	VS 150-REV. 1/1/65		- U - U - U - U		

Line where we had the

13.

hospital and use of death (5) Deceased Such LO hospital eath. ance cause Ö Undetermined cause; attend 0 E prior contributing occurred regular deceased death 2 OF Was the direct 4 death LO kind; attendance any pronounced Also, of fracture the chief medical examiner regular who 4 (C) physician medical physician was burns; Body the 0 by 2 where to the hospital °N nature; by 9 be approved (except and any

of hospital death)

accident

An

prior to

deceased D.O. shows:

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a

MOS

the body was released

certificate

BALTIMORE CITY HEALTH DEPARTMENT 65 12230 Registered Na. SIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2 OF DEATH IN 4. USUAL RESIDENCE (Where, deceased institution: residence before odmission) lived. COUNT FULL NAME OF (If not in hospital or institution, give street Af outside city limits, write RURAL and give township HOSPITAL OR oddress or location) OR TOWN MOITUTION ADDRESS (If wrol, give location STREE . MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. EX WIDOWED, DIVORCED (specify) Hours lost birthday 3 10 ours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY A CE (Stote or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 212-05-5025 CAUSE OF DEATH 1B. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the obove cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 218 PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg, INJURY OCCUR? 21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF oltimore give exoct location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that In(my) (aur) apinion death accurred an the date and haur and from the causes stated phave. (1) (We) (did) (did not) view the bady after death. 23A SIGNATURE 23B. DATE SIGNED Attending Stoff M.D. Med. Phys. Director Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Linden Ave. & Madison Street M.D. 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county)

made disposition final 0 embalmed are the remains obtained before pe must written approval 24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) Dec.3,1965 Old Green Hill Church Cem. Wicomico County Maryland Burial 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, Inc. 1217 St. Paul Street VS 150-REV. 1/1/65

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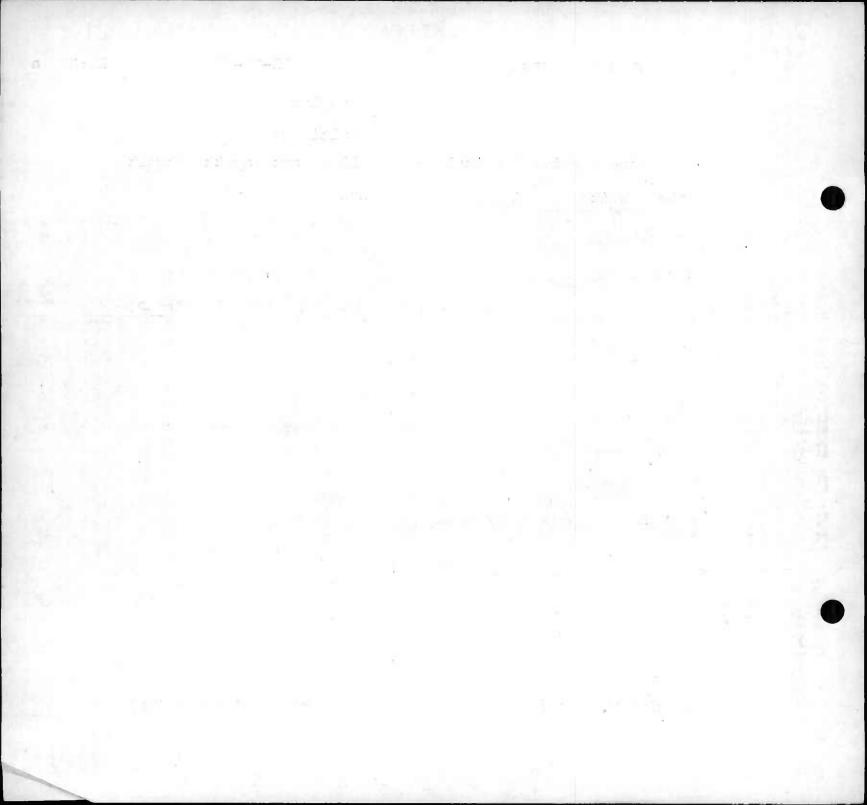
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IMPORTANT FUNERAL DIRECTOR:

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4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY If Under 24 Hrs. ond that in(my) (our) opinion death accurred on the date 25B. NAME OF 25C. FUNERAL DIRECTOR ADDRESS V\$ 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

in md.	BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH NO. (Gumys Mills 65)	12232 CERTIFIC	ATE OF DEATH Registered N	65 12272
		2. DATE AND HOUR OF DEA	TH
(Type or Print) EEKS BAB	4 BOY	11-26-85	3:10 AM N
3. PLACE OF DEATH IN BALTIMORE, A	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)
FULL NAME OF (If not in hospit	ol or institution, give street	ROSEWOOD STATE	= WACDIENI
HOSPITAL OR oddress of local		C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give township)
1	5 11 = = A	18 K2 7 1 K 10 15 E	MARYLAND
un werse	ty Herpital	D. STREET ADDRESS (If rurol, give locotion)	53-00
0	0		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male white	new earn	Nov. 25 les 11km.	0 0 11 0
	ork 10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most at working life, even if retired NoNE	"	MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
5. Was Deceased Ever in U. S. Armed I	Forces? 16. SOCIAL	HELEN MARIE	MEEKS
(Yes, no or unknown) (It yes, give wor or de	otes of service) SECURITY NO.		ADDRESS
NO NO	None	RECORDS	
1B. 76215T	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		. 1 71 60	1 -1
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(This does not mean the mode healt failure, asthenia, etc. II mea			NA
injury or complication which cous	ed deoth,)	tolochasis	11/2
ANTECEDENT CAUS	ES (B) DUE TO	4	
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rise to the obove cause (A UNDERLYING CONDITION lost.	sloting the (C)	MMONINOLIV	0//
11			•
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		
TO THE DEATH BUT NOT RE	SIT.		
	ONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
# 2 - WA3		XES.	1/0-
U 21A. A CCIDENT WAS UNDERLYING		office bldg., INJURY OCCUR?	more City, give exect location)
DEATH (notify medical examiner)	etc.)		
O 21 D. TIME (Month) (Dov) (Yes	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not W		
	Work At Wo		11011 2 /
	attended the deceased fram		NOV. 26 1965
that (1) (we) last saw the decea	sed alive an NOV 24	19 (c and that in (my) (aur)	opinian death occurred an the dat
	tated abave. () ((did) (did nat	view the body after death.	1
23A. SIGNATURE	(1) (1)		23B, DATE SIGNED
VIFTON	OU A QUE VIRDE	Attending Med. Stoff Phys.	11/7.7/65-
23 C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	./ /
TANKE C. YPE	M.I	o unival Mo	HOSD.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	14-4		V
Burial 11/29			
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1965 P.O.	At E, Talley M.	J. F. Eline & Sons Re	eisterstown, Md.
V\$ 150-REV. 1/1/65			

Cheun

25B. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT

the body was released An accident approval 0 prior to eceased D.0. decease shows:

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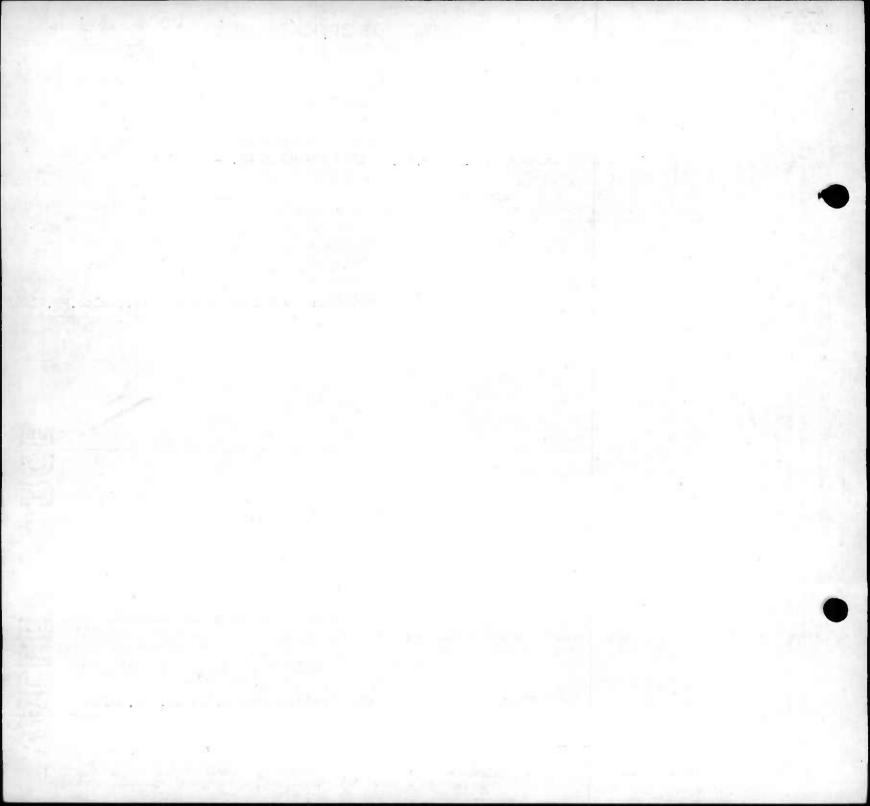
NAME (Type)

REMOVAL (Specify)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, 24B. DATE

If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS BCH 4940 Eastern Ave., Balto. Md. 21224 INTERVAL BETWEEN ONSET AND DEATH arrhea + De Rejoration Nov-21 - NOV-25 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 4 5 Wor - 25 19 65 and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED 11/25/65 23D. ADDRESS 4940 Eastern Avenue, Balto, Md. 21224 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, as county) Baltimore City Hospitals Baltimore Maryland ADDRESS



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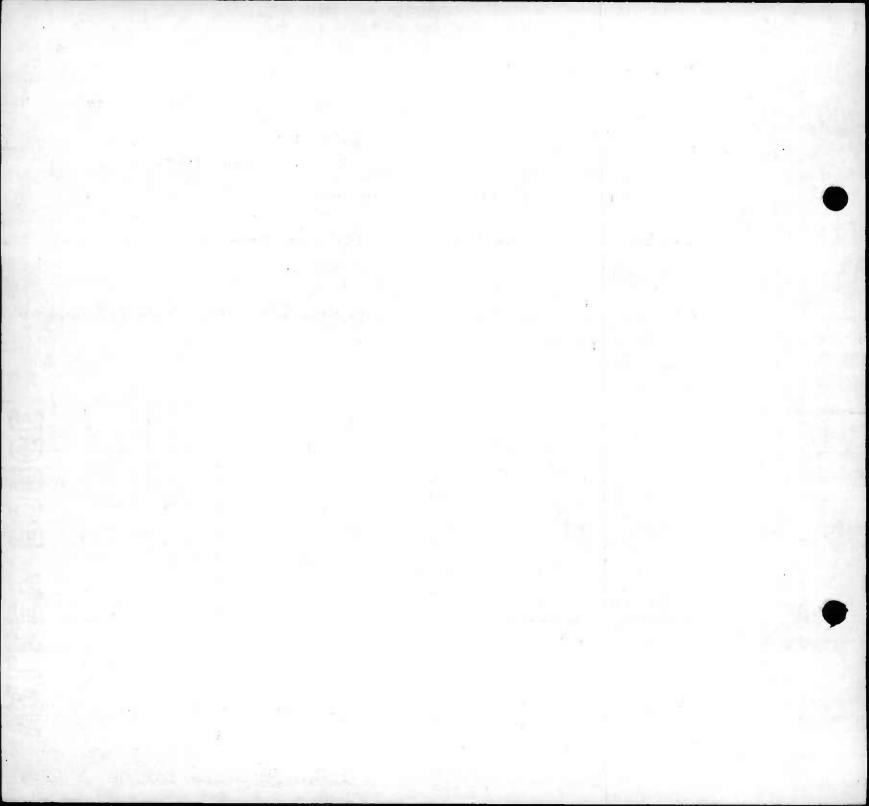
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Also, e of c

hospital

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. Suci I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 6 4 1.0 eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; rasidence before admission) ance B. COUNTY COUNTY) FULL NAME OF HOSPITAL OR INSTITUTION WORCESTER (If not in hospital or institution, give street MARYLAND 7 oddross or focotion) C. CITY OR TOWN (If outsido city limits, write RURAL and give township) attend 0 (If rural, give location) prior CHURCH STREET made. regular 9. AGE (In years lost birthdoy) 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys 5. SEX 6. RACE If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours MALE WHITE MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = Baltimore 13. FATHERS NAME Medica Maryland Was the MAX COHEN REBECCA LARRN death PO 15. Was Decased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wer or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance CAUSE OF DEATH 18. INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart faifure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) ANTECEDENT CAUSES who Gre DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. Was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERTIF talio before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) where homo, form, foctory, street, office bldg., INJURY OCCUR? ŝ MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME 21 E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX) Work At Work pup : 22. I certify that (I) (this hospital) attended the deceased from pe that (I) (we) lost sow the deceased alive on. ond that In(my) (our) opinion deoth occurred on the date hospital death) and hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Stoff Med. M.D. 0 Director Phys. written approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION eceased REMOVAL (Specify 25B. NAME OF REGISTRAR Snow Hill 25C. FUNERAL DIRECTOR Was 0



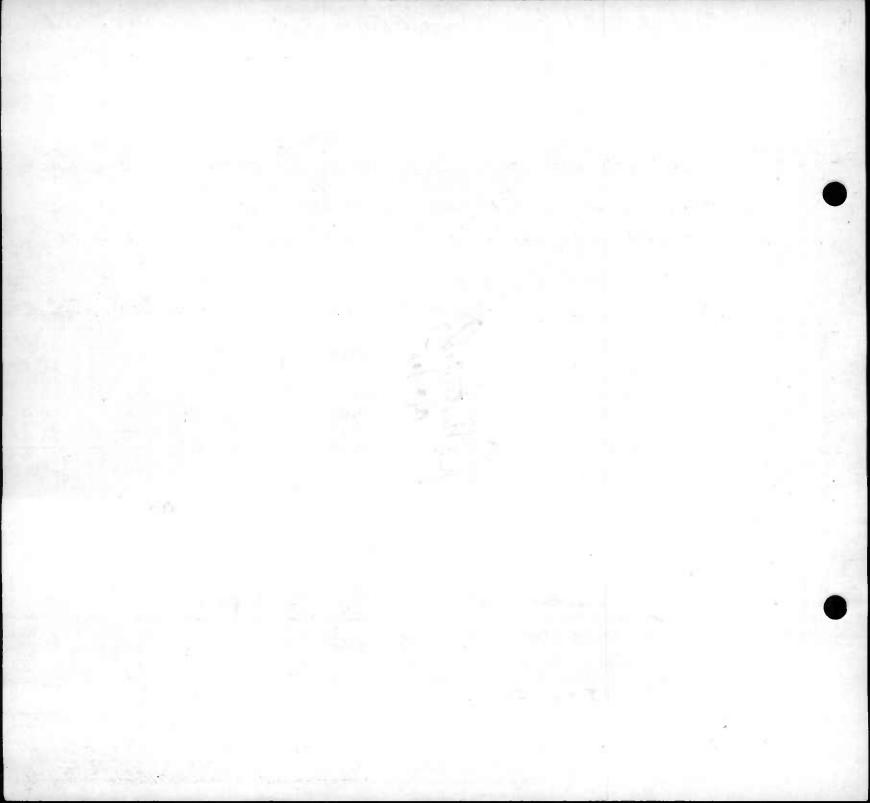
VS 150-REV. 1/1/65

A.E. CASE NO.	12236		TE OF DEATH		65 12235
ype or Print)	Huntley			HOUR OF DEATH	
PLACE OF DEATH IN BALTIMOR	rd Hensley	Heffner		27-1965	institution: residence before admis
TERTIFICATI	H AM	ENDED give street 12-14-65	A. STATE B. COUNT		Bultz
HOSPITAL OR oddress or	location)	12-14-65	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
			Parkville, Md.		53-00
Union Me	emorial Ho	spital	D. STREET ADDRESS (If re	oral, give location)	
			2707 Alden Ros	ad #31,	
Male White	WIDOW	ED, DIVORCED (specify)	10	. AGE (In years ast birthday)	Months Days Hours Mi
Male White		rried	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
one during most of working life, even it r		or bounded on modern.	The second second	,	WHAT COUNTRY?
Auto mechanic	rool	ks Price	Baltimore, Md.		USA
FATHERS NAME	3-		14. MOTHER'S MAIDEN NAM	E	V = V * * V
George R	B. Heffner				
. Was Deceased Ever in U. S. Am	ned Forces?	1 6. SOCIAL	17. INFORMANT	orence Ray	ADDRESS
es, no or unknown) (If yes, give war	or dates of service)	SECURITY NO.			
No		203-10-5913	Mrs Helen Heff	ner 2707 A	lden Road#3
18. 4 2011		CAUSE O	FDEATH		ONSET AND DEATH
DISEASE OR CONDITIO			rorary de	0.	
LEADING TO D	EATH	(A)(1)	revary or	euren	is 10 hear
(This does not mean the mo		J., DUE TO			
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DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE CO DEATH (notify medical examine) 21D. TIME (Manth) (Day) CONTRIBUTING CAUSE OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) last saw the de and hour ond from the cause 23A. MGNATURE 23C. PHYSICIAN'S NAME (Type)	e (A) stoting the past. ONS CONTRIBUTITY TO THE RELATED TO THE SING IT. B. CONDITION FOR AS PERFORMED YING 22 OF (Year) (Hour) 21 V V SEPTION OF THE PAST O	NG THE R WHICH OPERATION TB. PLACE OF INJURY (e.g., ir ame, form, loctory, street, of tc.) IE. INJURY OCCURRED While At At Work the deceosed from (I) (We) (did) (did not) v M.D. Atter Phy	20A. AUTOPSY? (Yes or No) n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 ond the iew the body ofter deoth. anding Med. Director 22D. ADDRESS	20B. IF YES, WERE IN CERTIFYING C. (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 7 W. 196. Dinion death occurred an the 23 B. DATE SIGNED 29 W. 196.
DISEASES OR CONDITIONS mise to the obove couse UNDERLYING CONDITION To II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19F OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.) 22. I certify that (I) (This base that (I) (we) last saw the de and hour ond from the cause 23A. FIGNATURE 23C. PHYSICIAN'S NAME (Type) Charles	e (A) stoting the past. ONS CONTRIBUTION TO THE RELATED TO THE PAST PERFORMED YING (Year) (Hour) 27 (Year) (Hour) 27 V V SEPTION Oftended eccessed alive on the stoted obove.	NG FINE R WHICH OPERATION IR PLACE OF INJURY (e.g., ir ame, farm, loctory, street, of lc.) IE. INJURY OCCURRED While At Not While At Wark the deceosed from (I) (We) (did) (did not) v M.D. Atte Phy M.D.	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 ond the iew the body ofter deoth. inding Med. Director 23D. ADDRESS 6701 Yorl	20B. IF YES, WERE IN CERTIFYING C. (If in Bultimo	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 7 N. 196, Dinion death occurred an the 23R DATE SIGNED 29 Nov 196.
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 19A. DATE OF OPERATION 19E 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (I) (This has that (I) (we) last saw the de and hour ond from the cause 23A. MONATURE 23C. PHYSICIAN'S NAME (Type) Charles 4A. BURIAL CREMATION, 24B. DA 4A. BURIAL CREMATION, 24B. DA CONTRIBUTIONS NAME (Type)	e (A) stoting the past. ONS CONTRIBUTION TO THE RELATED TO THE PAST PERFORMED YING (Year) (Hour) 27 (Year) (Hour) 27 V V SEPTION Oftended eccessed alive on the stoted obove.	NG THE R WHICH OPERATION TB. PLACE OF INJURY (e.g., ir ame, form, loctory, street, of tc.) IE. INJURY OCCURRED While At At Work the deceosed from (I) (We) (did) (did not) v M.D. Atter Phy	20A. AUTOPSY? (Yes or No) or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU 19 ond the iew the body ofter deoth. inding Med. Director 23D. ADDRESS 6701 Yorl	20B. IF YES, WERE IN CERTIFYING C. (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 7 N. 196. Dinion death occurred an the
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 179A. DATE OF OPERATION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 179A. DATE OF OPERATION OR CONTRIBUTING CAUSE CO DEATH (notify medical examine) TO TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (I) (THIS DEATH CAUSE) THAT (I) (We) Last saw the deand hour and from the cause 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Charles 4A. BURIAL CREMATION, REMOVAL (Specify)	e (A) stoting the post. ONS CONTRIBUTION TO THE RELATED TO THE RELATED TO THE SING IT. B. CONDITION FOR AS PERFORMED YING (Year) (Hour) 21 YESSENS) ottended accosed dive on the stoted obove. SERVICE (Year) Reier ATE 24C.	NG THE R WHICH OPERATION IB. PLACE OF INJURY (e.g., ir ame, form, loctory, street, of tex.) IE. INJURY OCCURRED While At	20A. AUTOPSY? (Yes ar No) nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY ON THE DID INJURY OCCUR? 19 ond the iew the body ofter deoth. 23D. ADDRESS 6701 Yorl	20B. IF YES, WERE IN CERTIFYING C. (If in Baltimo	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 19 6, printing death occurred an the 23 B. DATE SIGNED 29 24 196. City, town, or county) (States)
DISEASES OR CONDITIONS rise to the obove couse UNDERLYING CONDITION to II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU 199 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) TO TIME (Month) (Day) TO FINJURY (APPROX.) 22. I certify that (I) (This has that (I) (we) last saw the de and hour ond from the cause 23A. MCNATURE 23C. PHYSICIAN'S NAME (Type) Charles 4A. BURIAL CREMATION, 24B. DA CONTRIBUTION Charles	e (A) stoting the post. ONS CONTRIBUTION TO THE RELATED TO THE SING IT. B. CONDITION FOR AS PERFORMED YING (Year) (Hour) 21 (Year) (Hour) 2 V SERVICE (Year) Ottended deceosed alive on the stoted obove. S. H. Reier ATE 24C.	NG FINE R WHICH OPERATION IR PLACE OF INJURY (e.g., ir ame, farm, loctory, street, of lc.) IE. INJURY OCCURRED While At Not While At Wark the deceosed from (I) (We) (did) (did not) v M.D. Atte Phy M.D.	20A. AUTOPSY? (Yes ar No) nor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY ON THE DID INJURY OCCUR? 19 ond the iew the body ofter deoth. 23D. ADDRESS 6701 Yorl	20B. IF YES, WERE IN CERTIFYING C. (If in Bultimo	E FINDINGS CONSIDERED AUSES OF DEATH? ONE City, give exact location) 19 6, printing death occurred an the 23 B. DATE SIGNED 29 24 196. City, town, or county) (States)

Delayed B.C. #9712 12-14-65 M.H.

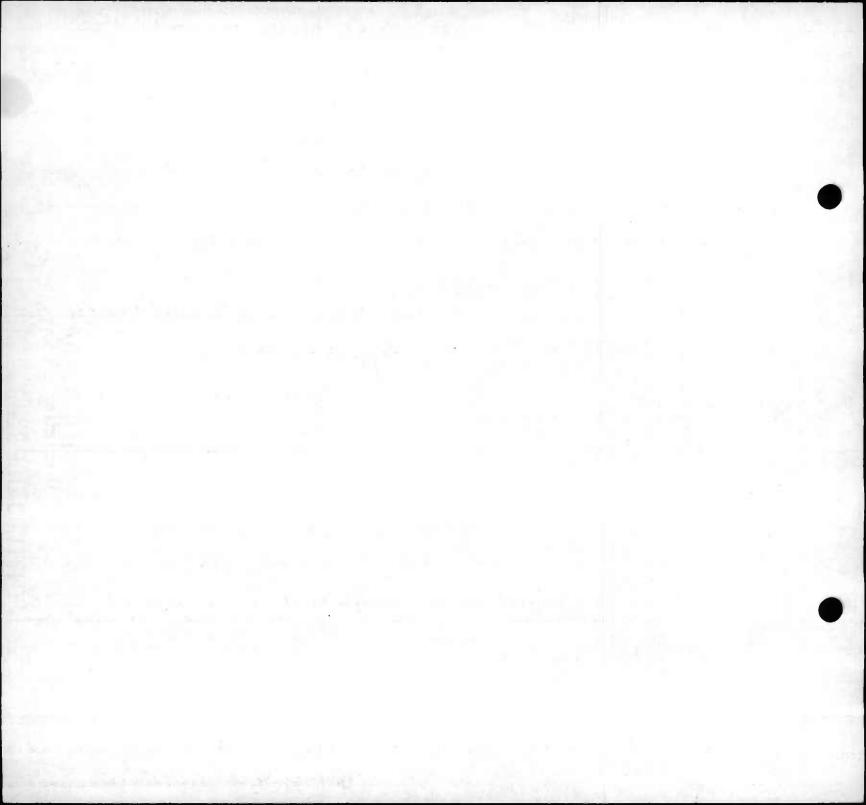
K. /52	M.E. CASE NO.	TE OF DEATH Registered No. 65 12231
of death Deceased e on the	T. NAME OF DECEASED (Type of Hill) Resit Cobianson	2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3.5 M. 27, 1965 5 5 M.
<u> </u>	3. PLACE OF DEATH IN SALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY MARYLAND
a hosi cause se; (5)	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CLPT OR TOWN (If outside city limits, write RURAL and give township)
on din attended in	The link his	O STREET ADDRESS (If rurd, give location)
S I S I S I S I S I S I S I S I S I S I	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. ASE (In years If Under 1 Yr, If Under 24 Hrs. Months; Days Hours; Min.
occ ontreger regions is mis	104. USUAL OCCUPATION (Give kind of work 108, KIND of BUSINESS OR INDUSTRY	11. SIRTH/LACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Judesth description	Latonen R.R. Co.	Blain, S.C. W.S.A.
we the	GEORGE ROBINSON	AGNES BROWN
TAN istan istan he di kind; death ce on	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
OR O	18. 247-44-6945 CAUSE C	Bruie Lucilla Robinson Blair, S.C. INTERVAL BETWEEN ONSET AND DEATH
IMP IMP INISO, NISO, Of connection	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	COMA of ? etiology I day
R: ner ctur ctur pron	(This daes not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplicotian which coused deoth.)	Debette acidosis 2 days
CTO CTO Camin amin A fra vho regul	ANTECEDENT CAUSES	
ASE IRE (3) an v	DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION lost.	
AL AL med	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
NE hief hief hief hief hief hief hief hie rahe raici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21B. PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CONSIDERED CO
FU FU The c all by (2) B (2) B (2) B (2) B (3) B	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street, or DEATH (notify medical examiner)	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
ed by thospit ature (6) N (6) N ined b	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (A PPROX.) While At Not White At Work At Work	
the the laxes and obta	22. I certify that (I) (this hospital) attended the deceased from	1/27 1965 10 11/27 1965
t be appeared to seed to seed to spiral of earth);	and hour ond from the couses stated above. (1) (We) (did) (did not)	19 5 ond that in (my) (our) opinion death occurred on the date view the body after death.
must be eleased ccident 1 hospit to deat	23A. SIGNATURE San Shone M.O. AH Ban	tending Med. Stoff Phys. 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) IAN SHENK M.D.	23D. ADDRESS 550 N. BROADWAY
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	8 A L 10, 11 D.
11 2 6 7	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ernetern Blain, S.C. 25C, FUNERAL DIRECTOR ADDRESS
This the show was dece	DEC 1 1965 P. Cent E Stalley M. R.	Randolphy Ceollick 1412 E. Preston St

BALTIMORE CITY HEALTH DEPARTMENT



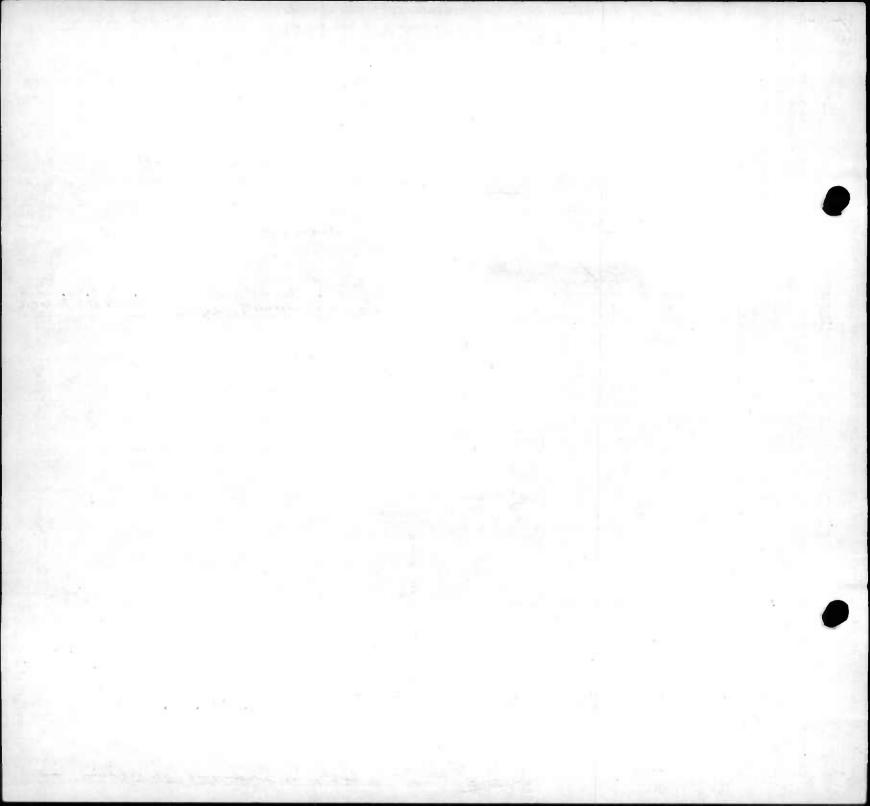
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

05 40000	BALTIMORE CIT	Y HEALTH DEPARTMENT	CF	5 12238
ыкти но. 65 12238	CERTIFICA	ATE OF DEATH	legistered Na. Oc	1 15500
M.E. CASE NO. 1. NAME OF DECEASED	OEKTII TO	2. DATE AND HO	OUR OF DEATH	
(Type or Print) Hontons	Roma		-65	11:55 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1.0110	4. USUAL RESIDENCE (Where dec	seosed lived. If institution	on: residence before odmission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If outside	d city timits, write RURAL	ond give township)
00		Baltinone	give locotion)	
2710 E. Federal St.		1710 E. Fede	ral St.	
5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AC	GE (In years If L birthday) Man	Under 1 Yr. If Under 24 Hrs.
Male NEGRO V	VidoNES	4-7-1900	65	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D'OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign co		CITIZEN OF WHAT COUNTRY?
	teel Co.	Bevendam	Va.	21.5. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
2/ 21 / 10 21/11		Bossia By	0 000	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT	Q YY IY	ADDRESS
	SECURITY NO.	House Cilar	1303 N. R.	anneland Due
18.44	CAUSE (OF DEATH	1303/11/10	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	A . [1	11	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	vposteusing /"	4, 0	1930
heart failure, asthenia, etc. It means the disc		1'		
injury at complication which caused death.) ANTECEDENT CAUSES	(8)	Anteres sole	212022	1950
	DUE TO			
DISEASES OR CONDITIONS, if any, gi	the (C)			
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
	FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No.) 20E	B. IF YES, WERE FINDIT	NGS CONSIDERED OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVA	in or obout 21 C. WHERE DID	(If in Boltimara City	, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	tir in bollimore City,	, give exoci (oconon)
O ID. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
OF INJURY (APPROX.)	While At Not Wh			
	Work At Work		. 415	1 10/5
22. I certify that (1) (this hospital) attend	:11:5	1	to 11/15	
that (1) (we) last saw the deceosed alive			(my) (-our) apinion	deoth occurred on the date
and hour and from the causes stated above	e. (1) (#e) (did) (did not)	view the bady offer deoth.	lase	DATE, SIGNED
STATE OF THE PARTY	M.D. At	Hending Med. Stoff	236.	4/00/15
23C. PHYSICIAN'S	afre Ph	ys. Director Phys.		1/2/1/0 3
NAME (Type)	Phiter M.D.	1338 NC	drolino i	84 rect
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME OF CEMETERY OF CI	REMATORY 24D. LOCAT	ION (City, to)	wn, or county) (Stote)
Bunial 11-30-651	nt. Calvani	1 Cn+V Duy	PANIAR DI	tolla Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	250 UNERAL DIRECTOR	DAI A	ADDRESS
DEC 1 1965 07 C	W. E. J. T. Lewinson	1 Dandold & Co	ollick 1412	Car Preston St.
VS 150-REV. 1/1/65				The second second



45-29-62 NIW 20-5

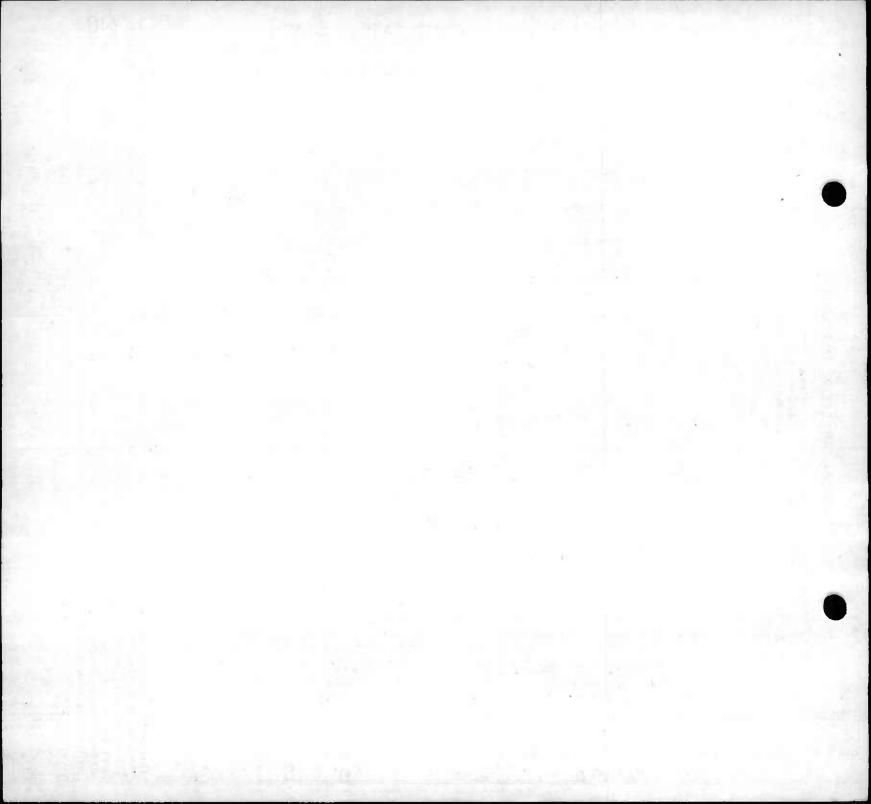
65 12239	BALTIMORE CITY	HEALTH DEPARTMENT		65 12239
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	00 1000
M.E CASE NO. 13 - 39 - 62 1. NAME OF DECEASED LYLES	RUEBEN H	CALOUR	and Hour of DEATH	- 1.15 Pm
3. PLACE OF DEATH IN BALTIMORE, MARYL. FULL NAME OF (If not in haspitol or in	AND		here daceasad lived. If in	stitution: rasidence before admission)
HOSPITAL OR address or location) INSTITUTION THE BALTIMOR	e city Hosp.	BAITIMO		RURAL and give township)
		3317 Eq	exTon Ro	AD
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	4.19.79	9. AGE (In years last birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B done during most of working life, even il retired)		11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Buhin h	1/25	Ma	VT Clar	K
15. Was Deceased Ever in U. S. Armin Forces? (Yes,no arunknawn) (If yas, giva war ar dates al	Service 16. SOCIAL SECURITY NO.	RECORDS: BCH	4940 Eastern	Ave. Balto. Md. 21224
18. 260X 1	CAUSE	DE DEATH	1. 29/63	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT		101105 (01	40	2
(This does not mean the made of dy		sangreene (R)	Doct .	9 TO 8 STATE AND S SAABA SE SABA TE GOOD AND TO STATE OF
heart failure, asthenia, etc. It means the		1. 0 0 00	itus of Afker	
ANTECEDENT CAUSES	(B)		utus o ITTNOT	
DISEASES OR CONDITIONS, if any	DUE TO &	elevotic evi	D	
rise to the above cause (A) sta UNDERLYING CONDITION last.	ling the (C)			an vywna (mna 400 u eu owddwanu 60 fu ddwddi 2 20 00 00 00 00 00 00 00 00 00 00 00 0
-11				
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
	on for which operation med factory factory		No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify madical examiner)	21B. PLACE OF INJURY (a.g., home, larm, foctory, street, etc.)	in ar about 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Bottimore	e City, give exact facotion)
O 21D. TIME (Month) (Doy) (Year) (H		21F. HOW DID II	NJURY OCCUR?	
(APPROX.)	While At Nat Whi Work At Wark			
22. I certify that (It (this hospital) o	ttended the deceased from	11.20	19 65 10	11,28 1965-
that (II) (we) lost sow the deceased a	live on 11.	28 1965 ond	that i n (my)- (our) api	nion death occurred on the date
ond hour and from the couses stated	obove. (1) (We) (did) (did not)	view the body ofter deot	٦.	
23A. SIGNATURE				23B. DATE SIGNED
	thur M.D. Att		Stoff Phys.	11.28.1965
23C. PHYSICIAN'S NAME (Type) MATE	HUP. M.D.	4940 Eastern A	ve, Balto. Md	21224
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY OF CH	EMATORY 24D.	LOCATION (C	ity, lawn, ar caunty) (State)
Ruxiel -11-286	5 MY Aubur	y lem. x	Daltimor	e mel.
DEC 1 1965	On 6 8 Starbay M.R.	25C. FUNERAL DIRECT	OR Belon 1348	N. Colkon St
VS 150-PEV 1/1/65				



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death. Such written and contribution he characterized before the sample of the propriet of the characterized before the sample of the propriet of the characterized before the sample of the characterized before the

1 05 400 50	BALTIMORE CITY HEALTH DEPARTMENT	D. M. A.O.O. A.O.
BIRTH NO. / 65 12240	CERTIFICATE OF DEATH	Registered No.5 12240
I. NAME OF DECEASED	2. DATE AND	HOUR OF DEATH
(Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Super Residence (Whore	deceased lived. If institutions, residence before admission)
The state of the s	A. STATE B. COUNT	18-70
HOSPITAL OR oddress or location) NSTITUTION		ide city fimits, write RURAL and give township)
10 1188 arlin	glon D. STREET ADDRESS OF THE	rol, give Jacotion)
	aue 118 S.a	relinction aux
5. SEX 6. RACE 7. MARRIED, NI WIDGOLD, II	OVORCED (specify) B. DATE OF BIRTH 10 10 10 10 10 10 10 10 10 1	AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	Line I To To To To	12. CITIZEN OF WHAT COUNTRY?
between Sales	Laly of Pace	to. Me W.Sa
13. FATHER'S NAME	14 MOTHERS MAIDEN NAM	18 21
15, Was Deceased Ever in U. S. Armed Forces?	SOCIAL 17, INFORMANT	ADDRESS ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. MOTA Contract	in G' Land Selen
18. 422./	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Arterio sclerotic	0 W D
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	C.V.D. 15 years
injury or complication which coused death,)	(B) Senility	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving	DUE TO	***************************************
rise to the obave cause (A) sloting the UNDERLYING CONDITION lost.	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION 20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in or about 21 C. WHERE DID	(If in Bottimore City, give exact tocotion)
OR CONTRIBUTING CAUSE OF home, etc.)	farm, foctory, street, office bldg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. IN	JURY OCCURRED 21F. HOW DID INJU	RY OCCUR?
(APPROX.) While Work	At Work	
22. I certify that (I) (this hospital) attended the		65 to Nov 28, 19 65.
		t in(my) (aur) apinian death accurred an the date
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23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
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24A, BURIAL CREMATION, 24B, DATE 24C, NAM	E OF CEMETERY & CREMATORY 24D. LO	CATION (City, town, or county) (State)
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

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BALTIMORE	CITY	HEALTH	DEPARTMEN
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3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street oddress or location) INSTITUTION			4. USUAL RESIDENCE (Where deceased A, STATE B, COUNTY	, , , , , ,
10	4108Belvieu A	V 6	D. STREET ADDRESS (If rurol, give le	ocotion) AVE
5. SEX Femal	e White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH May 1/89 9. AGE (In lost birthdo)	76 If Under 1 Yr. If Under 24 Months Doys Hours Mi
H.W.	most of working life, even if retired)	Own Home	Balto. Md.	12. CITIZEN OF WHAT COUNTRY?
John	W. Beard		Ada George	
	ceased Ever in U. S. Armed Fo aknown) (If yes, give wor or dot		Harry A. Reynolds	Ave. Jr.4108 Belvieu
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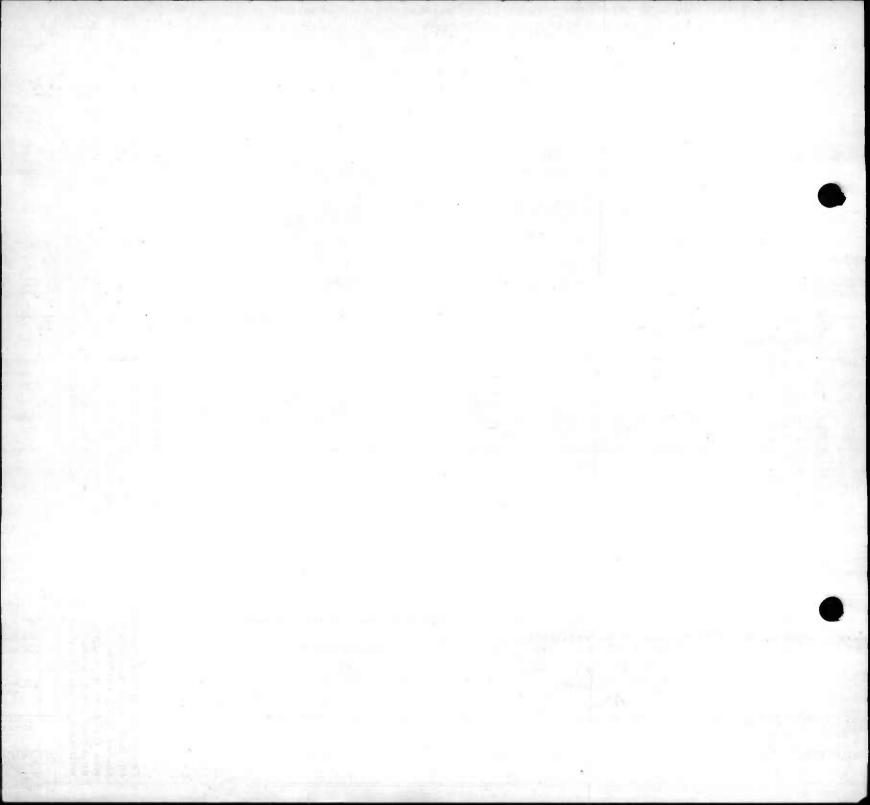
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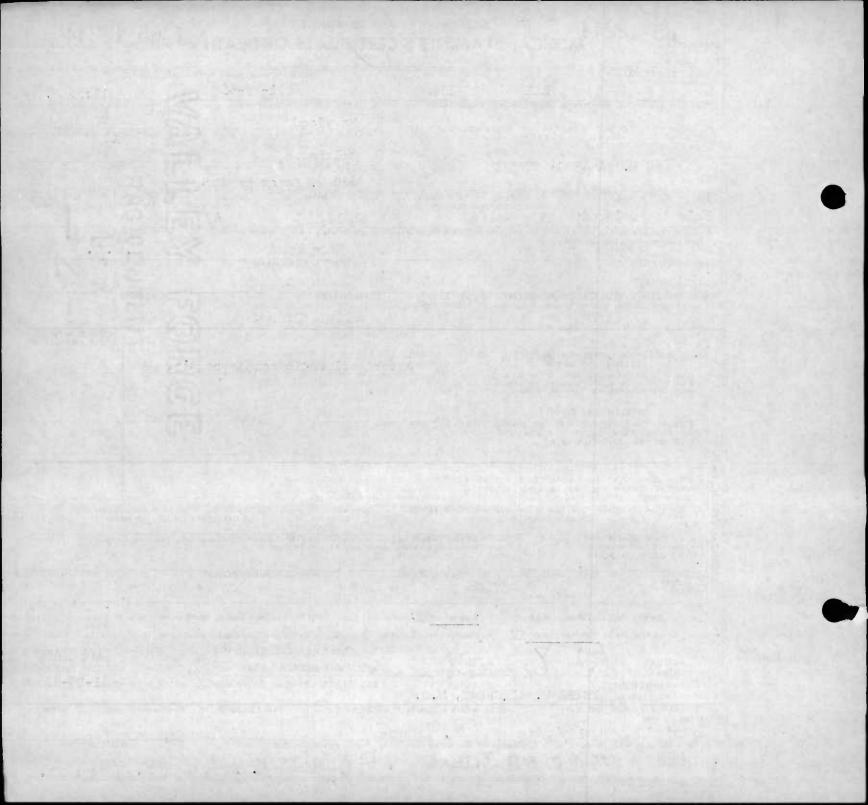
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BALTIMORE CITY HEALTH DEPARTMENT 12243 Registered No._ BIRTH NO. ERTIFICATE OF DEATH M.E. CASE NO. ATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) TOWN (If autside city limits, write RURAL and give township) AGE (In If Under 24 Hrs. Hours : Min. 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys Hours tost birthdoy) WIDOWED, DIVORCED (specify) USUAL OCCUPATION kind of work 10B. KIND BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY foreign country) dane during most of working life, even if retired) 13. FATHERS NAME 4. MOTHER'S MAIDEN 15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give wor ar dates of service) 7. INFORMANT 6. SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the obove cause (A) stoting the rise to UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING De Insive CVD TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC, 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Ü 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Baltimore City, give exact location) hame, form, factory, street, affice bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCURS OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 6 that (1) (we) last saw the deceased alive an. and that in(my) (our) apinian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 238. DATE SIGNED Attending Stoff M.D. Mad. Phys. Director Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION. or CREMATORY 24C. NAME of LOCATION AEMOVAL (Specify) C. TUNERAL DIRECTOR HEALTH DEPT. 25B. NAME OF REGIS VS 150-REV. 1/1/65



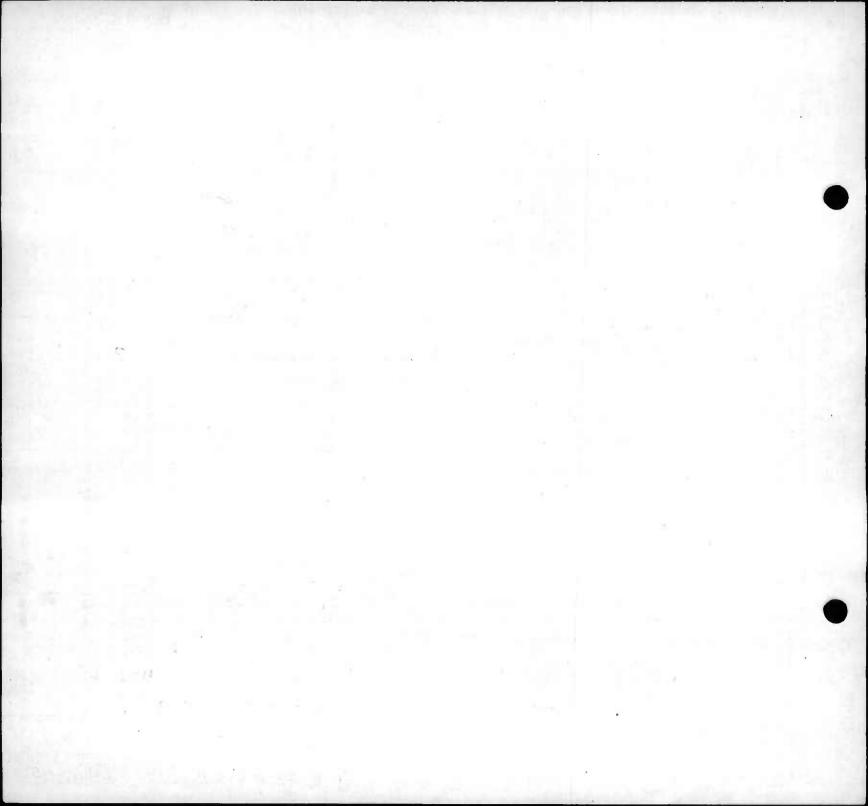
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CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL SIGNATURE EXAMINER'S NAME (Type) PETER W. RIECKERT, M.D. 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 24A. Date rec'd by Health dept. CHIEF MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 11-29-65 11-29-65 11-29-65 ASSOCIATE MEDICAL EXAMINER 23D. LOCATION (City, lown, or county) (Stote) Burial 24A. Date rec'd by Health dept. 24B. NAME of REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS		22. 1 cert	tify that I held an	Inquiry 🗌	Inspection XX Aut	rapsy and	that on this	basis, deoth in t	my apinian	
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FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

0= 100	BALTIMORE CIT	Y HEALTH DEPARTMENT	65 49945 - 2
BIRTH NO. 65 122 M.E. CASE NO.	45 CERTIFICA		Registered No. 65 1224572
1. NAME OF DECEASED	C II '		OUR OF DEATH
Etta Crowi	VIEWELF II) //·28	ceased lived. If institution; residence before admission
3. PLACE OF DEATH IN BALTIMORE, MARTE	ND	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or in	stitution, give street	mary/and	Baltimore V
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OF TOWN (If outside	city limits, write RURAL and give township)
3,,,,,,,,,,	ilicoital	D. STREET ADDRESS (If rurol,	give location)
3 Johns Hopkins	140301111	. 41 0	int mor Court
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. A	GE (In years If Under 1 Yr. If Under 24 H birthday) Months Doys Hours Min.
Female Negro	widowed	11/1/96	69
10A, USUAL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign c	ountry) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Balla	Md. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1000.7
blance 11 - 10-		5	(1.:
	1 6. SOCIAL	Jam PSON	E/17a ADDRESS
15. Was Deceased Ever in U.S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of	service) SECURITY NO.	IV. INFORMANT	
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18.3 4//	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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(This does not mean the made of dyi heart failure, asthenia, etc. 11 means the	disease,	0 1 - 0 1 0 .	0.00
injury or complication which caused dec		Linfordies autobilias	
ANTECEDENT CAUSES	(B)		0 0 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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U 19A. DATE OF OPERATION 19B. CONDITI	ON FOR WHICH OPERATION	DOA. AUTOPSY? (Yes or No) 20	B. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
198. CONDITION WAS PERFORM		nyear	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 W WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
	four) 21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?
OF INJURY (APPROX.)	While At Not Wh	ile 📉	
	Work At Work		
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that (1) (vec) last saw the deceased a	live an 11mm 78	19 65 and that it	n(my) (aur) apinian death accurred an the de
and have and from the causes stated	abave. (1) (光歌 (did) (北水流)	view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
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23C. PHYSICIAN'S	/	23D. ADDRESS	141 60
NAME (Type)	M.D		as Wosnital
Tom R. De Meester	24C. NAME of CEMETERY of C	THE SOURS HODET	
REMOVAL (Specify)	A - A :	0	TION (City, town, or county) (Stotel
BURIAL 12.3-65	MT. Hubur		Ito. Mai
	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT 65 12246 BIRTH NO. of death Deceased M.E. CASE NO. Such I. NAME OF DECEASED (Type or Print) Ethel Marie Kimberling LO hospital eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance (2) cause FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspital as institution, give street ō address or lacation) C. CITY OR TOWN Undetermined cause; attend 0 US Public Health Service Hospital prior D. STREET ADDRESS contributing Wyman Pk. Drive & 31st St. occurred regular mad B. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED S. SEX deceased WIDOWED, DIVORGED (specily) 11/22/11 Married death isposition E done during most of working lite, even if retired) or Housewife CIS 13. FATHER'S NAME the direct 4 Wm. Leonard eath LO 0 kind; IS. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give was or dates of service) SECURITY NO. attendance No 082-14-9378 any CAUSE OF DEATH OL pronounce DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. the chief medical examiner regular examiner. injury or complication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, 3 la the obove cause (A) stoling the physician UNDERLYING CONDITION lost. the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING where OR CONTRIBUTING _ CAUSE OF to the hospital ŝ MEDICAL DEATH (notify medical examiner) etc. nature; obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 9 OF INJURY approved (except While At Not While ((APPROX.) At Wark and any Oct. 22. I certify that (1) (this hospital) attended the deceased from 65 that () (we) last sow the deceased alive on. of death) hospita the body was released must accident 23A. SIGNATUR must Attending M.D. Med 0 Phys. written approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior Raymond Bahr, Surgeon (R) d+ An M.D. 24A. BURIAL CREMATION, 24B. DATE deceased 24C. NAME of CEMETERY OF CREMATORY D.0. shows: Was

Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH Dec. 1. 1965 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) (If autside city limits, write RURAL and give township Adkins (If rural, give lacation) Box 338 Rt. 9. AGE (In years If Under 24 Hrs. Months: Days Hours IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Va. IISA 14. MOTHER'S MAIDEN NAME Ollie Kegley ADDRESS Records- US PHS Hospital, Balto, Md. ONSET AND DEATH 3 days Septicemia, suspected Acute myeloblastic leukemia 5 mos. 20A. AUTOPSY? (Yes at No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (my) (aur) opinion death accurred an the date and hour and from the couses stated above. (1) (We) (did) (glip het) view the body after death. 23R. DATE SIGNED Stoff Phys. X Director _ US PHS Hospital, Balto, Md. 24D. LOCATION 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

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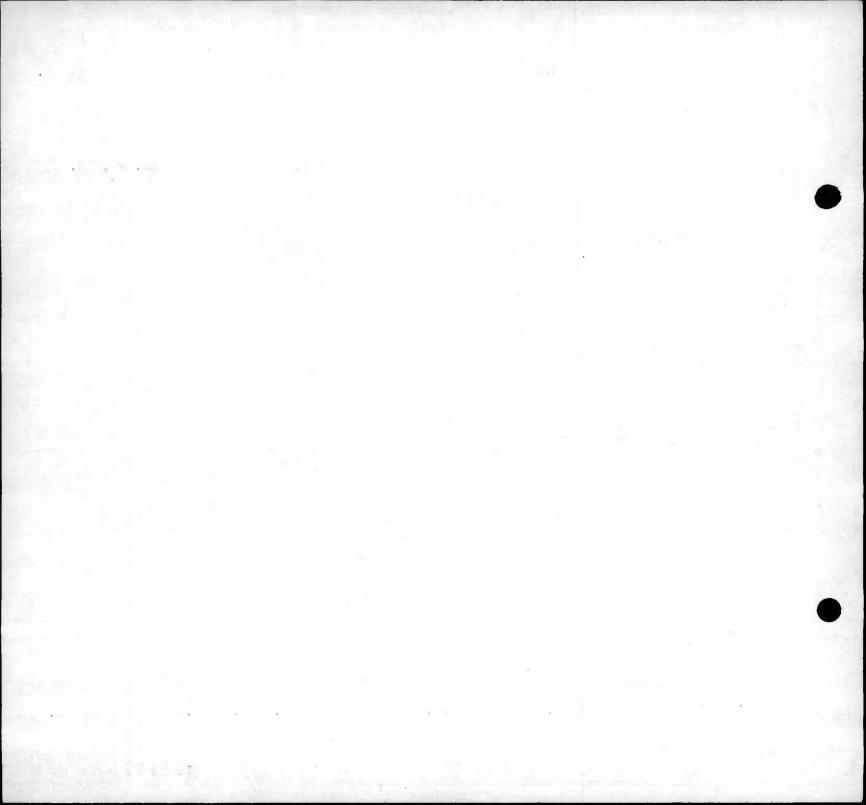
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IMPORTANT DIRECTOR: FUNERAL

65 12247 BIRTH NO. CERTIFICATE OF DEATH pital and of death (4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) hospital Asa Lawrence
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 30/65 4. USUAL RESIDENCE (Where cause Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN Baltimore
D. STREET ADDRESS .= contributing (If rural, give location) occurred South Baltimore General Hospital 4116 West Bay Avenue mad 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years lost birthdoy) B. DATE OF BIRTH 5. SEX Male White Married 2/8/1896 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death disposition done during most of working lite, even if retired) Retired 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME assistant if death 0 ind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) ((f yes, give wor or dates of service) 17. INFORMANT 6. SOCIAL final SECURITY NO. attendance any pronounced 0 CAUSE OF DEATH or his DISEASE OR CONDITION DIRECTLY embalmed to LEADING TO DEATH fracture (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular injury or camplication which caused death.) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stating the the physician UNDERLYING CONDITION last. the remains medical No physician was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH 20 A. AUTOPSY? (Yes or No) O WAS PERFORMED before by 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where to the hospital MEDICAL DEATH (notify medical examiner) etc.) any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and 22. I certify that (X) (this haspital) attended the deceased from 11/26/65 11/30/65 99 that (14 (we) last saw the deceased alive on... of death) hospital the body was released and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE certificate must Attending Phys. Stoff Med. M.D. 40 Director Phys. written approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior ŧ NAME (Type) ROBERT HOLTHAUS THAUS M.D. South Balto. D.O.A. Gen. Hosp. 24A. BURIAL CREMATION, 24B. DAT deceased shows: 1055 SID QE REGISTRAS 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 deceased lived. If institution: residence (If outside city limits, write RURAL and give township) Balto. (f Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact (acation) 11/30/65 and that in (aur) apinion death occurred on the date 23B. DATE SIGNED



BALTIMORE	CITY	HEALTH	DEPA	PTMENT
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65 12248

		ICAL EX	KAMINER'S CE	ERTIFICATE	OF D	EATH Registe	red No	~~·1C)
	CASE NO.			Io = 4	TE ANI	HOUR PRONOUNCE	ED DEAD		
ίτη	pe or Print)	VIN G	• HARRYMAN		1-29		ED DEAD	9:00) Ам.
	LACE IN BALTIMORE, MARYLAND, V	VHERE PRONO		4. USUAL RESIDENCE A. STATE Maryland	(Where d	leceosed lived. If insti 8. COU	A	dence befor	re admission
HO	SPITAL OR ADDRESS OR LOC	ATION)		Baltimore			RURAL o	nd give tov	/nship)
-	SOUTH BALTIMORE GE	INEKAL H	OSPITAL - DOA	D. STREET ADDRESS 5722 W. F		give locotion) lin Street	2122	5	
5. \$	ex 6. RACE Male White	WIDOWED	, NEVER MARRIED DIVORCED (specify) (arried	June 17,	1903	9. AGE (In years last birthday)			nder 24 Hrs
don	usual occupation (Give kind of wo during most of working life, even if refired) Retired : Mach Part		F BUSINESS OR INDUSTRY	Marylan	d		12. CITIZ WHA	EN OF	RY?
13.1	TATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
		ryman		Mary Fe	ig				
Yes	WAS DECEASED EVER IN U.S. ARME no or unknown) (If yes, give wor or do	D FORCES? les of service)	16. SOCIAL SECURITY NO.	Family			ADDRES	ame	
IFICATION	(This does not mean the mode of heart foilure, asthenia, etc. It mean injury or complication which caused ANTECENDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A): UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN	SES ANY, GIVING STATING THE CONTRIBUTI	(B)(C)						
L CERTI	() WAS PE	RFORMED	WHICH OPERATION	No		OB. IF YES, WERE FIN N CERTIFYING CAUS	SES OF DI	EATH?	0
3	2TA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. hometc.)	PLACE OF INJURY (e.g., i e, farm, factory, street, o	in or obout 21C. WHERE ffice bldg., INJURY OCC	DID (I	f in Baltimare City, gi	ve exoct l	acation)	
Σ	21D TIME (Month) (Day) (Ye OF INJURY (APPROX.)		WHILE AT NOT WORK AT W	WHILE ORK	D INJU	RY OCCUR?			GIE E
	22. I certify that I held on	Inquiry [Inspection X Aut	opsy and the		s bosis, deoth In m		n	The last
	resulted fram: Notural co	auses 🔀	Accident Suicide	e Homicide			er		
	ACTUAL SIGNATURE	0 140	el	CHIEF MEDIC				DATE	SIGNED
	EXAMINER'S NAME (Type) PETER	W. RIECI	KERT, M.D.	ASSOCIATE MEDIC				11-2	9-65
	BURIAL CREMATION, 23B. DATE		C. NAME OF CEMETERY .	CREMATORY	23 D. L.C	CATION (City,	town, or	county)	(Stote)
	Burial 12/2/	65	Glen Haven	24C. FUNERAL DI	DECTOR	Glen Bu		Md.	
241	DEC 1 1965 P.O.	- 0				. 237 Patsp:	sco A		
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BIRTH NO.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

CEDTIEICATE OF DEATH

Registered	No	65	12249
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KIIIICAIL OI L	ZLAIII
	2. DATE AND HOUR OF DEATH

Type or Print)	JOHANSEN, Peter	11/30/65	12:05	P. ,
PLACE OF DEATH	H IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	tion: lesidence before	admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitol or institution, give street oddress or locotion) Baltimore City Hospitals	MARYLAND C. CITY OR TOWN (If autside city limits, write RUR	AL and give townshi	p)
1	Darcimore ofth Hospitals	BALTIMORE		

1910 Eastern Avenue

Baltimore, Maryland 21224			318 S. Lehigh Street 21224			
5. SEX MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED DVORGED (specify)	8. DATE OF BIRTH 2/22/91	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.	
done during most	of working life, even if retire	rark 108. KIND OF BUSINESS OR INDUSTRY	NORWAY	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S N.			14. MOTHER'S MAIDEN	NAME		

15. Was	Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or	unknown) (If yes, give wor or dotes of ser	SECURITY NO.	RECORDS: BCH 4940 Eastern	Ave. Balto Md. 212

CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, to the obove cause (A) stating the

UNDERLYING CONDITION last.

TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION No

CERTIFICATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact lacation) DEATH (notify medical examiner) etc.1

MEDICAL 21 D. TIME (Month) (Doy) (Year) (Haurl 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work

22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date

and hour and from the couses s	toted obove. (1) (We) (did	l) (dld not) view th	e body ofter death.	
23A. SIGNATURE	00			23 B. DATE SIGNED
Stephen	treage	M.D. Attending Phys.	Med. Staff Phys.	Nov. 30, 196

23C. PHYSICIAN'S 23D. ADDRESS NAME (Typel Stephen Gregg

4940 Eastern Avenue, Balto, Md. 21224 M.D.

1	24A. BURIAL CREMATION,	24B. DATE	24C. NAME OF CEMETERY OF GREMATORY	24D. LOCATION	(City, tawn, ar county)	{Stote
ŀ	REMOVAL (Specify)	1.1.11	011	D . P	0, 1	
١	Berial	12/3/65	Oak Lawn	BACTO. CO	. And.	
H	1.1.00	7 - 7		1211		

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25C. FUNERAL DIRECTOR Juan 3218 H

VS 150-REV. 1/1/65

written approval

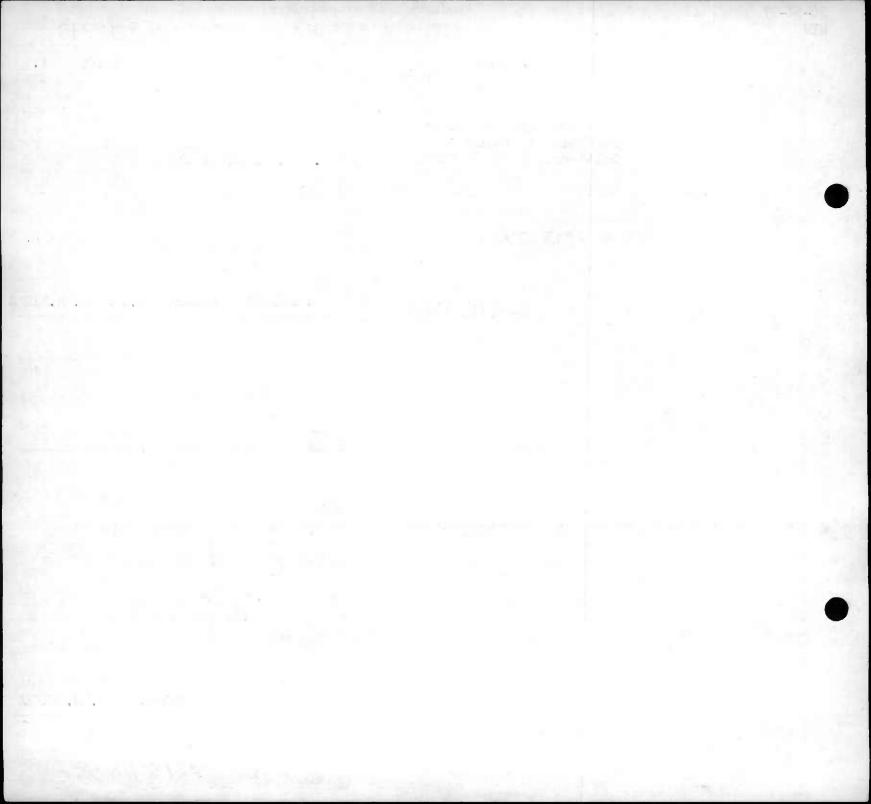
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BALTIMORE CITY HEALTH DEPARTMENT 65 12250 Registered No.5 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Burk hardt 65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Hospital Mercy D. STREET ADDRESS (If ruial, give lacation) 808 St. Paul# made. Midtown Nursing Home 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 His. 5. SEX B. DATE OF BIRTH 6. RACE WIDOWED, DIVORCED (specify) last birthdoy) Hours 90 Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) done during most of warking life, even if retired) dispositio md USA House wife 14. MOTHER'S MAIDEN NAME Sann Louis 15. Was Deceased Ever in U. S. Armed Farces? (Yes,na or unknown) (If yes, give wor ar dates of service) ADDRESS 6. SOCIAL final SECURITY NO. 417 5 Rubinson NO NONE Merry man 10 INTERVAL BETWEEN 0, ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) regul ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, (C) ASCUD to the above cause (A) stating the the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion) 21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) otc.) MEDIC obtained 21 D. TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (we) last saw the deceased alive an... 19 and that in (my) (apinion death accurred on the date and haur and from the causes stated abave. (We) (did) (#####) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff M.D. Phy s. Phys. Director deceased prior to written approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Chester Jr Collins 03 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify)

25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 12253 BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) NOV. 2 death. 4. USUAL RESI DENCE (Where deceosed lived. If institution: residence before 3. PLACE OF DEATH IN A. STATE B. COUNTY FULL NAME DE HOSPITAL OR INSTITUTION (If not in haspital or institution, give street address or lacation) (If outside city limits, write RURAL and give tawnship) 40 prior WOOD is made. MARRIED, NEVER MARRIED If Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs : Min. S. SEX 9. AGE (In years last birthday Hours WIDOWED, DIVORCED (specify) 5 Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 10A. USUAL OCCUPATION ACE (State 12. CITIZEN OF disposition WHAT COUNTRY? dane during most of working life, even if retired) 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no ar unknown) (If yes, give wor or dotes of service) SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made at dying, e.g., embal heart lailure, asthenia, etc. It means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, il any, 0 to the above cause (A) stating the remains UNDERLYING CONDITION last, 11 RTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 8. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, larm, lactary, street, alfice bldg., INJURY OCCUR? U (II in Baltimore City, give exact location) bef DEATH (natify medical examiner etc.) MEDI obtained 21 D. TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX.) At Work Wark 19 65 10 22. I certify that (1) (this hospital) attended the deceased from 19___ 6.5 and that In(my) (our) aplnion death accurred on the date that (1) (we) lost sow the deceased alive on. ond haur ond from the causes stoted obove. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATUR 23B, DATE SIGNED Attending M.D. Med. Phys. Director pproval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type CHARLES E BORING, JR. M.D. UNION MEMORIAL HOSPITAL deceased p 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24B. 24D. LOCATION (City, lawn, ar county) REMOVAL (Specily)

1 1965 P FUNERAL HOME IN VS 150-REV. 1/1/65

BALTIMORE UNION INC MORING MOSPINGL 4009 PARKWOULD HILL WILL 11 CONCREDE 1/1 8/17/12 53 POLICE MAN CITY POLITE ANT MAKKEDIND USA JOHN JOSEPH HOGAN MATHILDIA LUCY ? CHART YES Charles E. Borney , Jr.

BURRELL III S | 65 MOST HOLY KEDE THE STEELBURY FUNCKER HOUSE

•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANI	•	M.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); And (6) No physician was in regular attendance on the deceased prior to death. Such Owitten approval must be obtained before the remains are embalmed or final disposition is made.	he chief medical examiner by a medical examiner (2) Body burns; (3) A fract re the physician who prephysician was in regular fore the remains are embifore the remains are embifore the remains are embifore the remains are	r or his assistant Also, if the dii ure of any kind; onounced death r attendance on	if death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the the deceased prior to death. Such is position is made.	5001

	MORE CITY HEALTH DEPARTMENT		CE 400F0
BIRTH NO. 65 12252 CER	TIFICATE OF DEATH	Registered No.	65 12252
1. NAME OF DECEASED	2. DATE A	11/28/65	15 20P. N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF Wife hot in hospital or institution, give street	A. STATE B. COUL		tion: residence before admission
MOSPITAL OR address or lacotion) INSTITUTION	Baltin	ulside city limits, write RURA	AL ond give township)
7	1306 €.	Belvede	
5. SEX 6. RACE White 7. MARRIED, NEVER MAI WIDOWED, DIVORCED W. Dow	(specify) 2/6/99	68 Vus	Under 1 Yr. If Under 24 Hrs onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS Odono during most of working life, even it retired)	ManyLau	d	CITIZEN OF WHAT COUNTRY?
James D. Spedde	14. MOTHERS, MAIDEN NA	E. Ral	-eigh
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or usknown) (Iff yes, give war or dates of service)	22-4240-D Chart		ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	, 1171	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meon the mode of dying, e.g., heart follower, osthenio, etc. It meons the disease,	DUE TO	dial InTan	
	B)		
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER	ATION 20A. AUTOPSY? (Yes of N	a) 208. IF YES, WERE FIND	DINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NJURY (e.g., in or obout 21C. WHERE DID try, street, office bldg., INJURY OCCUR?	(If in Bertimore Cit	ry, give exact lacotion)
21D. TIME (Month) (Dey) (Yedr) (Hour) 21E. INJURY OF INJURY (APPROX.) While At Work	CURRED 21F. HOW DID IN		6 115
22. I certify that (**) (this hospital) attended the decease that (4) (we) last saw the deceased alive an		19 ta /// hat in(***) (our) opiniar	19 19 death accurred an the da
and haur and fram the causes stated above (1) (We) (did)			B. DATE SUCNED
23C. PHYSICIANS PAMMETTYPE)	M.D. Attending Med. Director 23D. ADDRESS	Stoff Phys.	11/28/65
HARRY J. BROWN		DRIAL HOSPIT	
BURIAL (Specify) 248. DATE 12/1/65 OAKLAWN		BALTO., MD.	awn, ar county) (State)
DEC 1 1965 Post E. Ta		R NUCK, INC., BALTO	ADDRESS 0., MD. 21214
VS 150-REV. 1/1/65			

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written annound must be obtained before the semaine are embalmed or final disposition is made

65	12253	BALTIMORE CITY	HEALTH DEPARTMENT		65 40000
ERTH NO.		CERTIFICA	TE OF DEATH	Registered No	65 12253
A.E. CASE NO. NAME OF DECEASED	SEAR.	2		AND HOUR OF DEAT	H
Type or Print) Flizahal	In Spairs		11	129/65	10:10 A
PLACE OF DEATH IN BALTIMO	DRE MARYLAND			here deceased lived. If	institution: residence before odmission
	1 1 1 1		Mary land	UNIT	9-15
FULL NAME OF (If not in I HOSPITAL OR oddress of INSTITUTION	hospitol or institution, or location)	give sneer		outside city limits, write	e RURAL and give township)
THE			BALTIMORE		
/ 14 A	E			(If rurol, give location)	
Mercy Hosp	Suc.		920 GORSUCH	AVENUE, BAL	TO., MD.
SEX 6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months: Doys Hours Min.
Female White	Mar	ried	4/21/1914	51	
A. USUAL OCCUPATION (Give kin		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, even if HOUSEWITE	r reured)		Harford Count	ty, Md.	U.S.A.
B. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
SAMUEL KNOPP			OLIVE DIO	N	
		1 6. SOCIAL	17. INFORMANT	JA	ADDRESS
5. Was Deceased Ever in U. S. Ar es, no or unknown) (If yes, give wo	or or dotes of service)	SECURITY NO.	MR. WILLIAM R.	CEADO	
			1	· DEARD	SAME
1B. 581, 1 I		CAUSE O	FDEATH		ONSET AND DEATH
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heart failure, asthenia, etc. It	meons the disease	, ,	0 '0		
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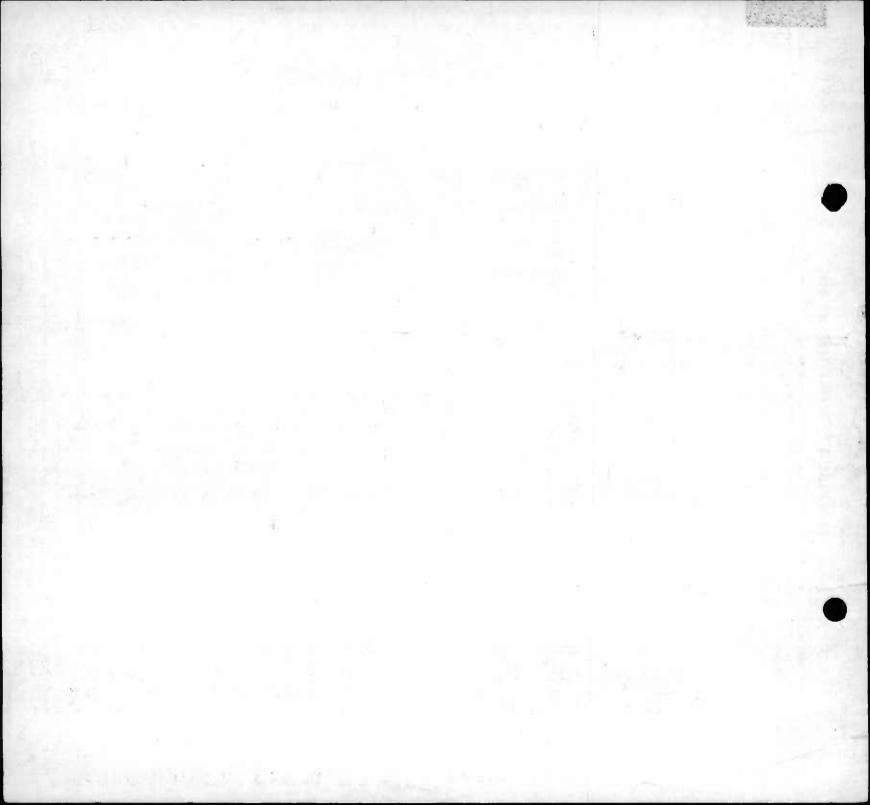
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	2	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

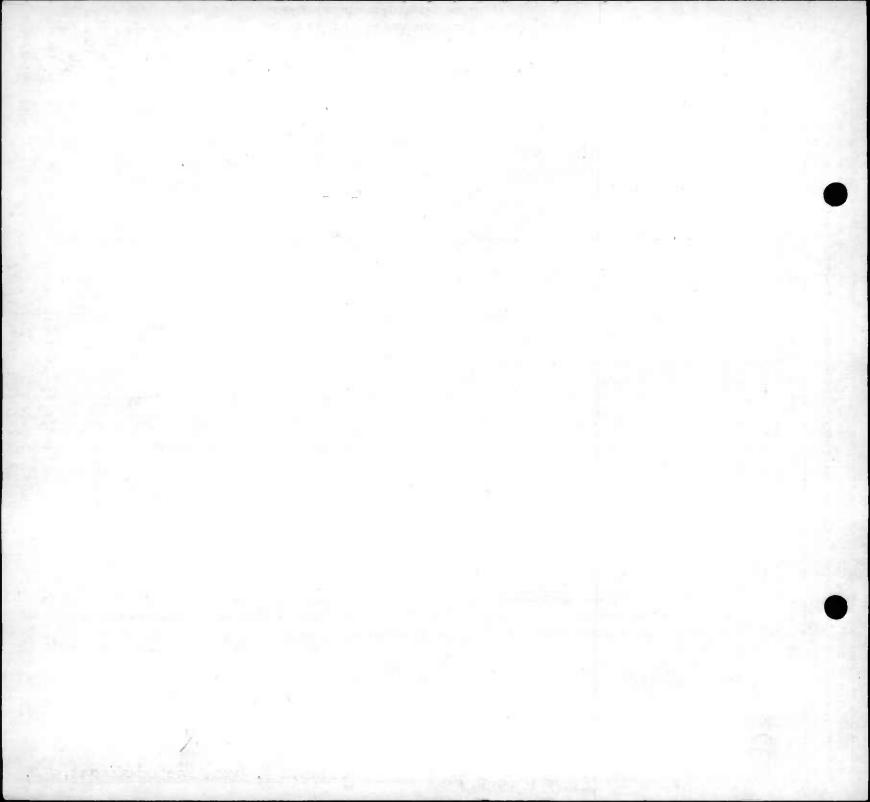
BIDT	H NO. 05 40054		TE OF DEATH	Registered No.5	12254
M.E	H NO. CASE NO. AME OF DECEASED CONTRACTOR OF DECEASED	CERTIFICA	TE OF DEATH		
(Тур	PLACE OF DEATH IN BALTIMORE, MARYLAND	HARRY	4. USUAL RESIDENCE (Where		stitution: residence before admission)
1	FULL NAME OF (II not in hospital or institut HOSPITAL OR address or location) NSTITUTION / / / / / / / / / / / / / / / / / / /	1	Baltimore	I made	URAL and give township)
37	he Johns Hopkins Hosp	oital	D. STREET ADDRESS (If not 6611 Loch Raven	rol, give location) 1 Blvd.	plad,
5. S	MALE White WIDO	NED, NEVER MARRIED WED DIVORCED (specify)	8/29/93 10	AGE (In years set birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired) RETIRED	OL BOSINESS OK INDOSIKE	BALTO., MD.	i country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME		14, MOTHER'S MAIDEN NAM	E	
	GEOVAR GARY	+WEY	UNKNOWN		
15. Yes	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	MRS. ESTELLA GAR	ERTNER	ADDRESS SAME
	18. 9 9 9 2	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ul	Emia-Chronic R	enal Failu	ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)		Der u. Cicemia		12 vrs
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi rise to the above couse (A) stating		eloid Metap	lasia	3yrs
	UNDERLYING CONDITION last.	7			- /
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING THE			
RTIFIC/		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED
CAL CE	ZIA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21 D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At	21 F. HOW DID INJU	RY OCCUR?	
	22. I certify that (This hospital) ottend that (I) (we) lost saw the deceased alive			65 to Al	0 U 29 1965
	and hour and from the couses stoted show	e. (I) (We) (did) (did not) v			
	23A. SIGNATURE	Cullen M.D. Atte	ending Med. S	itoff thys.	238, DATE SIGNED 29, 1965
	23C. MITSICIANS NAME (Type) ALEX SILVERI	1AN M.D.	BALTIMOR	EAST P	RATT ST. YLAND ZIZZY
244	BURIAL CREMATION, 24B. DATE 24BURIAL (Specily) 12/3/65	C. NAME of CEMETERY OF CRI	EMATORY 24D. LO		ly, town, or county) (Stote)
254	. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	DEC 1 1965 P.O. F. 2	Farly MAT 0	LEONARD J. R	UCK, INC.,B	BALTO., MD.
VS	150-REV. 1/1/65				



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 12255 CERTIFICATE OF DEATH BIRTH NO.

Ruck Inc Baltimore, Md.

(T)	NAME OF DEC	EASED					AND HOUR OF DEAT	
3.	PLACE OF DEA	ATH IN BALTIA	MORE, MARYL	Y. We	eger	4. USUAL RESIDENCE	Where deceased lived. II	f institution; residence before edr
	FULL NAME O HOSPITAL OR INSTITUTION	F (If not i	in hospital or i or lacation)			Md.		TO RURAL and give township)
1	Union	Memor	ial Ho	spita	rl	D. STREET ADDRESS	(If rurol, give locotion) urview Ave.	
1	male	white		MOVED		9-29-1896	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under Months: Days Hours
do	ne during most of	working life, ever	n if retired)	Lumb	BUSINESS OR INDUSTR	Maryland 14, MOTHER'S MAIDEN		12. CITIZEN OF WHAT COUNTRY?
13		OHN J.	WEGER			ELIZABETH	NAME	
1.5, (Ye	. Was Deceased es, no or unknown	Ever in U. S. (If yes, give	Armed Forces war or dates a	? of sorvice)	SECURITY NO.	17. INFORMANT Mrs. Evelyn	C. Weger	Same
		SE OR CONDI LEADING TO	DEATH			4. C.V.DE	h. Suyreardi"	INTERVAL BETWEE
	heart lailure,	asthenia, etc. plication which	. Il means the	e disease,	4	/ /	Timelous	?
	1	ANTECEDENT	CAUSES		(8) DUE TO	nreliged all		·
	DISEASES C	ANTECEDENT OR CONDITION of above ca of CONDITION	ONS, il any iuse (A) st			nialized UU		
ATION	DISEASES Of rise In The UNDERLYING	OR CONDITIO	ONS, if any ause (A) st N fast, DITIONS CON	ating the	(C)	nralized UU		
RTIFICATION	DISEASES OF THE SIGN OF THE DISEASE OR	OR CONDITION a above ca G CONDITION II FICANT CONCEATH BUT II CONDITION CONCEATH BUT II	ONS, if any ause (A) straight (ATRIBUTING D TO THE	(C)		7 No! 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
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CAL CERTIFIC	DISEASES OF TISE IN THE DISEASE OR THE DISEASE OR THE DOR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	PR CONDITION I above ca Condition II FICANT CONE EATH BUT I CONDITION OPERATION NT WAS UND DING CAU medical exami (Month) (Da that (I) (this last saw the I from the ca	ONS, if any nuse (A) st N tast. DITIONS CON NOT RELATER CAUSING IT. 198. CONDIT WAS PERFOR ERLYING SE OF inot) s hospital) a a deceased a	NTRIBUTING D TO THI TON FOR W RMED 21B. hom etc.) Houn 21E. Whi wor	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g. e. form, foctory, street, INJURY OCCURRED INJURY OCCURRED A1 Work A1 Work A2 Work A3 Work A6 deceased from A7 A7 (We) (did) (did nat)	20A. AUTOPSY? (Yes of office bidg., INJURY OCCU 21F. HOW DID hile k 21F. How DID on view the body after decomposition of the office bidg. And. Director 123D. ADDRESS	INJURY OCCUR? 19 5 ta d that in (my) (aur) of the	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give oxoct locotion) 19 aplinian death accurred an t



IMPORTAN

FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

DINON WE HORING HOSPING ZEST FRIENESD THE F ORDGRAM M 1/15/96 69 MARRIAND US 4 HOUSEWIEL MICHAN STEPHEN COUZENS ECCEN NORA MILLS CAART

Car Way 29 19

IMPORTANT FUNERAL DIRECTOR:

sistant if death occurred in a hospital and the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased death. attendance prior regular mad deceased isposition = Was the assistant death 0 attendance any pronounced 0 or his embalmed A fracture of 9 the chief medical examiner regul ho are 3 physician the remains Was No physician the body was released to the hospital by a m the where by obtained 9 (except be approved and death) hospital must certificate must 0 approval 0 prior = D.O.A. shows: (1) deceased Was

12/2/65

258. NAME OF REGISTRAR

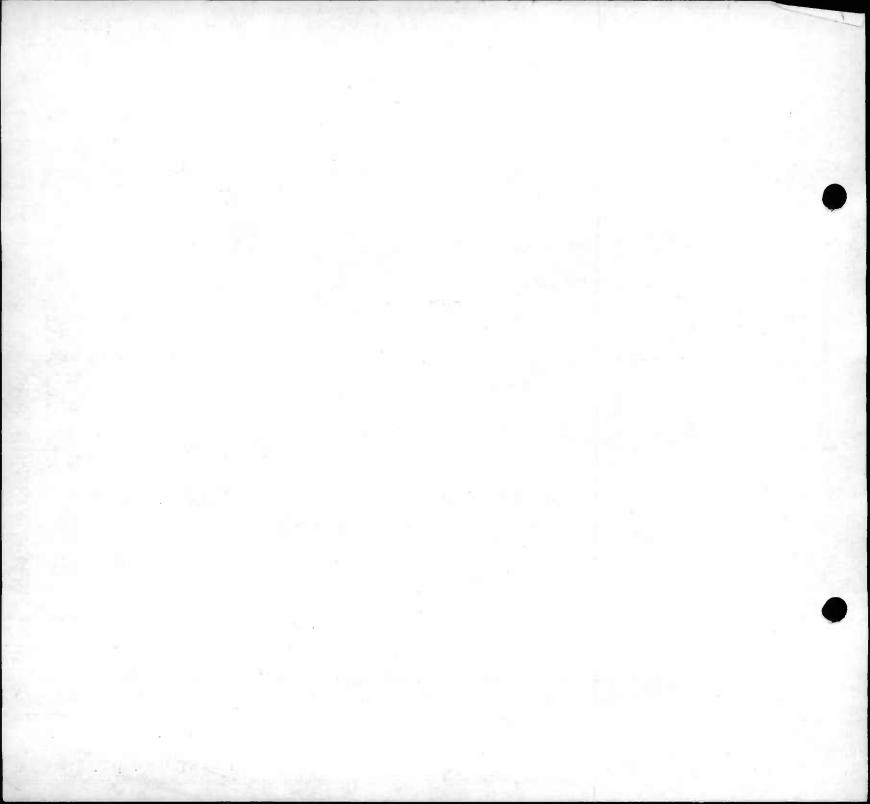
25A, DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

no

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 155 1225 65 12257 CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) BEULAH 29-65 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR MAKYLAND GENERAL HOSPITAL (If outside city limits, write RURAL and give township INSTITUTION BALTIMORE, Md. 21201 (If rural, give location) 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. Hours WIDOWED, DIVORCED (specily) lost birthday) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME J. COLLISON HORSE MAN 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. SOOG LOCH RAVEN Rd 212-19-0505 MAJI Mc QUIRE BALTO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, hearl failure, osthemo, etc. Il meons the disease, injury ar complication which caused death.) 6 WOLD ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in) or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21 E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While [(APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an.... and that In(my) (aur) apinion death accurred on the date and have and from the causes stated above. (1) (We) (dld) (dld nat) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending M.D. Med. Stoff Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MARYLLAND 24A. BURIAL CREMATION, 24B. DATE REMOVAL Specify 12/2/ 24C. NAME of CEMETERY of CREMATORY

24D. LOCATION Oaklawn Cemeterv Baltimore. Md. 25C. FUNERAL DIRECTOR LEONARD J. RUCK, INC., BALTO. , MD. 21214



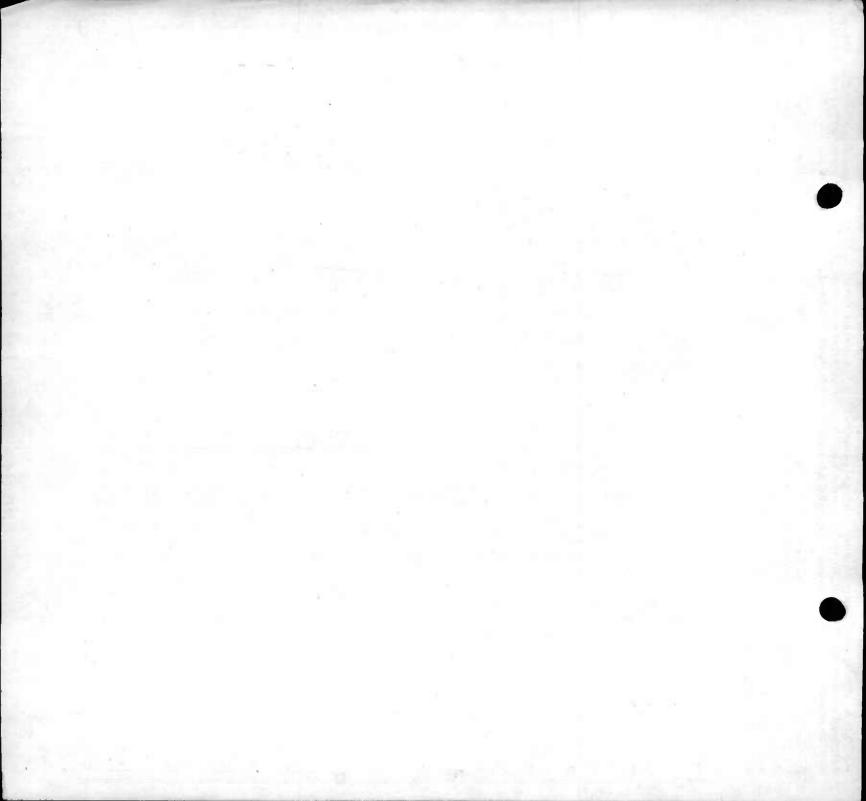
	BIRTH NO. 45-1
1-350	M.E. CASE NO.

I. NAME OF DE	CEASED		2. DATE AND H	OUR PRONOUNCE	ED DEAD
(Type or Print)	GREGORY	DAWSON			0/65 11:30 8
3. PLACE IN BAL		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deco		itution: residence before
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside co	annote limite write	PILPAL and give town
HOSPITAL OR	ADDRESS OR LOCA	ATION)	Baltimore		12 00/1
1			D. STREET ADDRESS (II rurol, give		- MOUNA
City	Hospitals		203 Woods	vale Rd.	53-00
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys: Hour
male	white		5/14/65		6
	UPATION (Give kind of wor working life, even il retired)	10B. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign co	ountry)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAM	A E		Baltimore 14. MOTHER'S MAIDEN NAME		U.S.A.
	anklin Dawson		Bernadette (Transan	
15. WAS DECEASE	ED EVER IN U.S. ARMED		17. INFORMANT	neason	ADDRESS
(163, 110 01 011 111 0 11	, yes, give wor or don	S OF SERVICES	MR. JULIUS A. GRE	EASON, 708	WALKER AVE.
(This does head foilure injury or co	SE OR CONDITION DI LEADING TO DEATH not meen the mode of to osthenio, etc. It meens implication which caused ANTECENDENT CAUSI OR CONDITIONS, IF A IE ABOVE CAUSE (A) S NG CONDITION LAST.	f dying e.g., but to DUE TO DUE TO ES ANY, GIVING THE DUE TO DUE TO	ic brain damage, fol	llowing dr	rowning
CTHER SIGN	LEADING TO DEATH not meon the mode of josthenio, etc. It meon: mplicotion which coused ANTECENDENT CAUS: OR CONDITIONS, IF J IE ABOVE CAUSE (A) S NG CONDITION LAST. III ENIFICANT CONDITIONS	d dying e.g., so the disease, death.) ES ANY, GIVING TATING THE (C)	ic brain damage, fol	llowing dr	rowning
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. . . .

This certificate must be approved by the chief medical examiner or his assistant if death occurrence the body was released to the hospital by a medical examiner. Also, if the direct or contribushows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine was D.O.A. at a hospital (except where the physician who pronounced death was in regular discussion to death); and (6) No physician was in regular attendance on the deceased design and disposition is made.	•	or contribundetermines in regula	ition is mad
This certificate must be approved by the chief medical examiner or the body was released to the hospital by a medical examiner. Als shows: (1) An accident of any nature; (2) Body burns; (3) A fracture owas D.O.A. at a hospital (except where the physician who pronou deceased prior to death); and (6) No physician was in regular attention approval must be chiefled.	APORTANT	his assistant if d so, if the direct of any kind; (4) U nreed death war endance on the	d or final dispos
This certificate must be approved by the chief med the body was released to the hospital by a medi shows: (1) An accident of any nature; (2) Body bur was D.O.A. at a hospital (except where the phys deceased prior to death); and (6) No physician was according to the physician was	DIRECTOR: IA	lical examiner or cal examiner. Als ns; (3) A fracture o ician who pronouts in regular att	ains are embalme
This certificate must be approved the body was released to the hos shows: (1) An accident of any natives D.O.A. at a hospital (except deceased prior to death); and (6	FUNERAL	by the chief medipital by a mediure; (2) Body burnwhere the physician w	d before the rem
This certificate mathe body was related was bows: (1) An accurate was D.O.A. at a deceased prior the properties of the p	•	nust be approved leased to the hosident of any nation hospital (except o death); and (6	must be obtaine
		This certificate in the body was relashows: (1) An acc was D.O.A. at a deceased prior to	written approva

	BALTIA	MORE CITY HEALTH DEPARTMENT		
	CERT 12259 CERT	TIFICATE OF DEATH	Registered No	12259
1, N	AME OF DECEASED Mary Ann Mutchok		6-65	
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whe	ere deceased lived. If instit	tution: residence before admissio
-	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. STATE M.d. C. CITY OR TOWN (If ou	otside city limits, write RUI	Ball (RAL ond give township)
1		Baltimore		53-00
	Gould Nursing Home	D. STREET ADDRESS (If	rural, give location)	
5. 5	ex 6. RACE 7. MARRIED, NEVER MARR widowed, Divorced white	IED 8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
FOA	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR			12. CITIZEN OF WHAT COUNTRY?
	Housewile.	MaryLan	d	4.5
15. 1	FATHERS NAME Hand J. Boschert Was Deceased Ever in U. S. Armod Forces? In or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY	14. MOTHER'S MAIDEN NA	ry Gunze	ADDRESS OSSWOOD Are
	214-20	-5262 Anna (Wagn	er-4811 Lr	osswood nre
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	9	ONSET AND DEATH
	LEADING TO DEATH	(mainomin)	Breast	montes
	(This does not mean the mode of dying, e.g.,	UE TO	A A-	
	hoort foilure, osthenio, etc. II meons the disease, injury or complication which coused death.)	e Generalized m	elselsses	
	ANTECEDENT CAUSES (B	UE TO		
	DISEASES OR CONDITIONS, if ony, giving			
	rise to the obove couse (A) stoling the (C UNDERLYING CONDITION lost.	.)	00 0000 0 000 0000 0000 000 000 000 00	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
ERTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	TION 20A. AUTOPSY? (Yes or No	o) 20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	JURY (e.g., in or obout 21 C. WHERE DID	Uf in Baltimare C	ity, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar) home, form, factory etc.)	y, street, office bldg., INJURY OCCUR?		ny, gree exact localion/
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCC OF INJURY		JURY OCCUR?	
<	(APPROX.) While At Work	Not While At Work		
	22. I certify that (I) (this hospital) attended the deceased	from	1965 10 200	w. 26 1965
	that (W (we) last sow the deceased alive on	- 26 19 65 ond th	not in (my) (our) opinio	on death occurred on the de
	and hour and from the couses stated above. (1) (We) (did)	did not) view the body after death.		
	23A. SIGNATURE		2:	3B. DATE SIGNED
	Tourso 1. How	M.D. Attending Mod. Director	Stoff Phy s.	11-27-65-
	23C. PHYSICIAN'S NAME (Type) POLANDO V. 6600	M.D. 3396 Horse	Lead Sou Mary La	the
24.4	REMOVAL (Specify) 1/30/65 / 10/1/8		COCATION (City,	town, or county) (State)
25A	. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ROIO	O LA ADDRESS MJ
	DEC 1 1965 P.O. F. Z. John MA	Leonard J	Kuck Ync	Baltimore, Md.
/S	150-REV. 1/1/65		38	

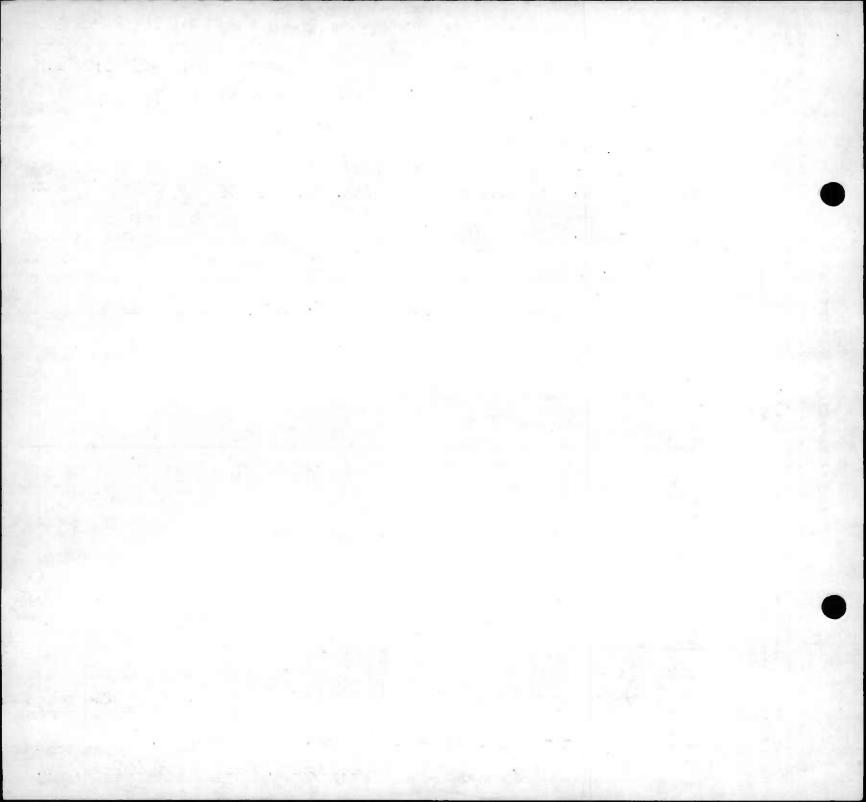


Such

BALTIMORE CITY HEALTH DEPARTMENT

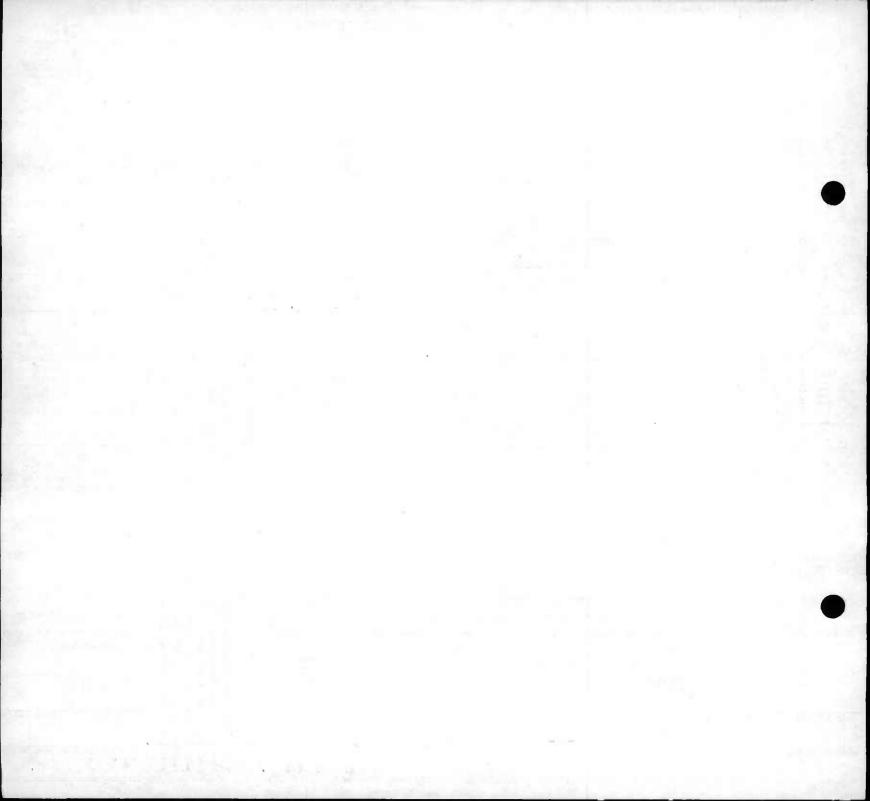
	H NO.	65 12	260	CERTIFICA	TE OF DEATH	Registered No.	65 12260
1. N	CASE NO.	EASED			2. DATE AND	HOUR OF DEATH	
(Тур	e or Print)	Ehoff, Rob	ert Jui	lius	Novem	nber 28.	1965 3:20 P.M M. nstitution: residence before admission)
F	ULL NAME O	F (If not in hospital	YLAND or institution, g		^ 6220 Carter	Avenue	Maryland
	OSPITAL OR	oddress or location	,		Baltimore		RURAL ond give township)
1	the Gou	uld Convale	sarium		6220 (arter	1	27-05
5. S	ale	White		NEVER MARRIED DIVORCED (specify) 1 Od	Jan. 23, 189	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	during most of	working life, even if retired) ee-Beth. St		ipyard	11. BIRTHPLACE (State or foreign Maryland 14. MOTHER'S MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY?
	A	st E. Ehota	1.		Amelia Schu		
	no or unknown	Ever in U. S. Armed for (If yes, give wor or dote		SECURITY NO.	17. INFORMANT	1	ADDRESS
	no 18. 44	3 X I		CAUSE 0	F DEATH	X	INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION DIR LEADING TO DEATH		(A) Ay	sertensive a	teris-	2-3 ms.
	heart failure,	al mean the made of asthenia, etc. II means aplication which caused	the disease,	DUETO	erotic pard	ise dise	ise /
		ANTECEDENT CAUSES		(B)			**************************************
	rise to the	OR CONDITIONS, if a bave cause (A) CONDITION last.		(C)		*****************************	
ATION	TO THE D	II IFICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	Rheum	atori Certhre	tis.	
		OPERATION 198. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
L CE	OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examines	21 B. hom etc.)	e, form, factory, street, of	or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
ō	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Ile At Not While the At Work		JRY OCCUR?	,
	22	that (1) (this hospital			1/2	965 10	11/28 1065
							inlon death occurred on the date
	ond have one	d from the couses stat	ed obove. (i) (We) (did) (d id ====) v	iew the bady ofter deoth.		
	23A, SIGNATU	ert Chless	22284	M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGNED
	23C. PHYSICIA NAME (T	IN'S (ype)	20.00		23D. ADDRESS	O in	Ca Boot 12
24A	BURIAL CRE	MATION, 248 DATE Specify)	24C.N/	1010			City, town, or county) (State)
-	burial	12-1- BY HEALTH DEPT.	65 Ga	rdens of Fa	ith Cem. Bal 25C. FUNERAL DIRECTOR	timore, A	1d.
C	-	1965 R.O. B.	2 300	645 00	Lagrand J.	Ruck Inc	Baltimore, Md.

DEC 1 1965 VS 150-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and the change of the control of the change of the chan This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	65 12261	BALTIMORE CITY	Y HEALTH DEPARTMENT		
	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na	C 4 3 3 0 0 4
	M.E. CASE NO.	owler CERTIFICA			00 16601
	Type or Print) JOSEPH JOHN	Fowler	2. DATE A	11 28/65	1205 A.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If i	nstitution: residence before odmission)
	FULL NAME OF (If not in hospital or institut	ion, give street	C, CITY OR TOWN (If or		RUPAL and give township)
	INSTITUTION		0		NOWAE ONG SITE IS MISSING!
3	University Hospital	,	D. STREET ADDRESS (III	rurol, give location)	
	•		3443 Eln		nul
	M W WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	GUARD DETE	crive Agency	Md.		U.S.A.
2	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		(
2	FRANK Ranalli		PHILOM	ena Jeff	TKO.
3	15. Was Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	11:1167	. /	
	no	CALLES	Violet E. Fo	wer	same
5	18. 2 3 7, 1 1	CAUSE	DEATH		ONSET AND DEATH
3	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	1)_	an		4 400
	(This does not mean the made of dying,	e.g., DUE TO	structise Hiero	ty Disease	70.
3	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,			4
	ANTECEDENT CAUSES	(8)			
		DUE TO			
3	DISEASES OR CONDITIONS, if any, gi				
2	UNDERLYING CONDITION last.	0.00000000.00000	nderfeath in 1940 a 40 60 a 60 a 60 a a maintean a 60 a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
3	Z OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
D	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
0	194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
- D	194. Date of Operation 198. Condition F Was PERFORMED TROCHEST	omy - Emptyseus	NO	IN CERTIFYING CA	AUSES OF DEATH?
5		21 E PLACE OF INJURY le.g.,	in or about 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)
5	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, foctory, street, o	office bidg., INJURY OCCUR?		
3	O 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	ILLRY OCCUR?	
2	S OF INJURY	While At Not Whi		JOK! OCCOR.	
3	(APPROX)	Work Al Work			
3	22. I certify that (1) (this hospital) attend	ed the deceased fram	11 13	1965 ta	11 28 19 65
0	that (1) (we) last saw the deceased alive	an 11 27	19 45 and th	hat in (my) (must) ap	inion death accurred an the date
3	and haur and from the causes stated above	e. (I) (We) (did) (did not)			
5	23A. SIGNATURE		•		238. DATE SIGNED
	Zalman J. Ugi	M.D. All	ending Med. Director	Stoff Ph.	11/24/15
3			23D. ADDRESS	Phy s.	20 03
2	23C. PHYSICIAN'S NAME (Type)	49115 M.D.	Universi	ry Hospi	TAC
7	ZACMAN J. I	.] %			
3	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION	City, town, or county) (Stole)
	burial 12-1-65	Baltimore (em	etery Bo	altimore,	Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C OF UNERAL DIRECTO	R	ADDRESS
	DEC 1 1965 R. P. B. E.	CLOSOWALD ()	1 beonard for	Ruck Inc	Baltimore, Md.
	VS 150-REV. 1/1/65				

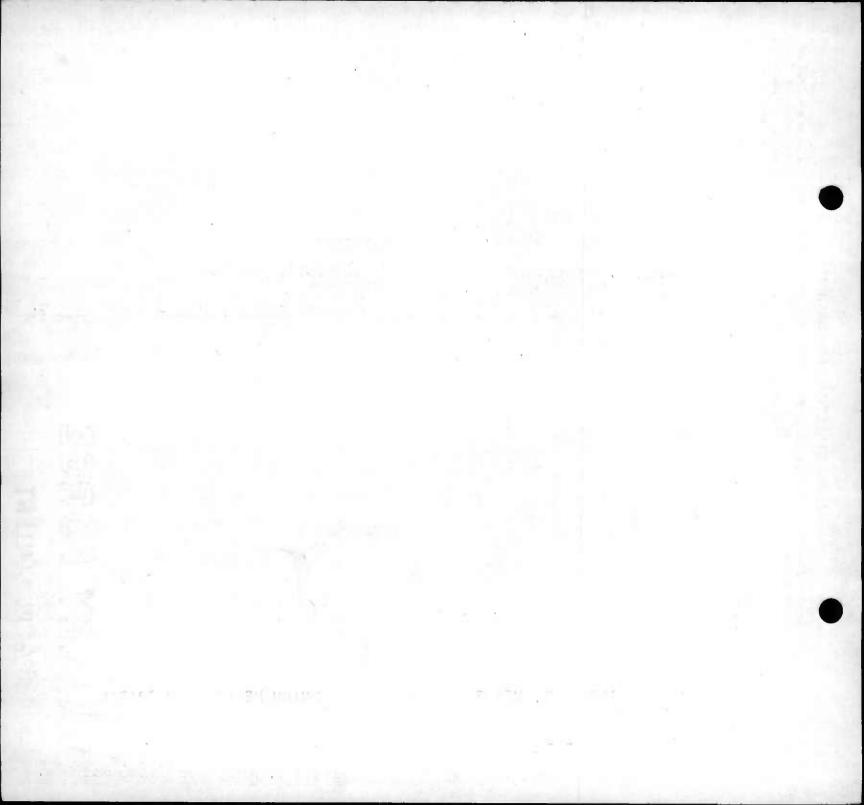


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. E. CASE NO.	65 1226	52	CERTIFICA	TE OF DEATH	Registered No.	5 12262
1.1	NAME OF DECEAS	SED \			2. DATE	AND HOUR OF DEATH	
	Joh	in Latt	0-		No	vember 28	1965 4:30 AM
3.	PLACE OF DEATH	IN SALHMORE, MA	RYLAND		4. USUAL RESIDENCE (W.	UNITY	stitution: residence befare admission)
	FULL NAME OF	(If nat in haspital address or lacotia	ar institution,	give street	Mary Jand		2000
10	M NOITUTITENI	aruland	Genera	al Hospital	211	a doiside city limits, wife	RURAL and give tawnship)
44	1.	11 0		11 1103 1 1201	D. STREET ADDRESS	(If rural, give location)	
	~ ~ 1	nden Hr			4942 Sc	haub Av	e
5.	SEX 6.1	RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr, If Under 24 Hrs. Manths: Doys Hours Min.
102	USUAL OCCUPA	TION (Give kind of wor	May	PILOL BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	17 G	12, CITIZEN OF
	ne during most of work	ing life, even if retired)			T	oreign coonny,	WHAT COUNTRY?
13.	FATHER'S NAME	d	steam	-titter	14. MOTHER'S MAIDEN N	LAME	U,S
1	1	(1)			1 1-71	= 1	
15.	Vas Decoased Eve	er in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	1 8400	ADDRESS
(Te	4 e S	yes, give war or dote	s of service)	SECURITY NO.	Listin	1 1	
-	lab // 5 m	,01	14) /	CAUSE O	F DEATH V	Jhar I	INTERVAL BETWEEN
	DISEASE C	OR CONDITION DI	RECTLY	C!	Mon	1. 1	ONSET AND DEATH
		ADING TO DEATH mean the made of	dvina. e.a.	(A) DUE TO	ros	exercit 2	P
	heart failure, ast	henia, etc. It means tation which caused	the disease,		Mari	115000	e
		ECEDENT CAUSES		(B)	- 		**************************************
		CONDITIONS, if		00110			
	UNDERLYING C	obave cause (A) ONDITION last,	stating the	(C)	**************************************		
		11					
I O	TO THE DEAT	ANT CONDITIONS C	ATED TO TH	3 E			
ICA.	19A. DATE OF OP	ERATION 198 CON		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	2	WAS PER	FORMED		VES	IN CERTIFYING CA	USEN OF DEATH?
0	OR CONTRIBUTION	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in e, farm, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
ICAL	DEATH (notify me	dicol exominer)	etc.)				
MEDI	OF INJURY	ionth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
-	(APPROX)		Wor	k			
	22. I certify tha	toff) (this haspital) attended th	ne deceased from	26- Nov	19 6.5 to	28 Nev 19 65.
		st saw the decease					nfan death accurred an the date
	and haur and fro	om the couses sta	red above. (1	(We) (did) (did not) v	iew the bady after deat	h.	DATE CIONED
1	-7	Co	all "	MD M.D. Atte	mding Med.	Stoff V	28- Nov-65-
	23C. PHYSICIAN'S		0		s. Director 23D. ADDRESS	Phys.	~0 /00
	PHYSICIAN'S NAME (Type)	T.C. C	allis	110 M.D.	MARKLAND	CENERAL	Hospital
24/	A. BURIAL CREMAT	TION, 248. DATE	24C.NA	ME of CEMETERY OF CRE		LOCATION (Ci	ly, tawn, ar county) (State)
16	urial (Spec	17-1-	65 Ra	Itimore Nat	ional Cam G	Raltimora /	
	A. DATE REC'D BY	HEALTH DEPT.	25B. NAME C	F REGISTRAR	ional (em B		
	DEC 1 19	65 A. O. A.	E 40%	ec.PM	Leonard J.	Ruck Inc 1	Baltimore, Md.
VS	150-REV. 1/1/65				0 = 70		

Play well bear a respectal Boltimore ard maken A 1/4 dvodiz stp+ 92 b3/01/01 W. married 20×97 - horitor downer Latter of the Ford

C5 40000	BALTIMORE CIT	Y HEALTH DEPARTMENT	
мятн NO, 65 12263	CERTIFICA	TE OF DEATH Registered N	·65 12263
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	TU .
(Type or Print) Me INTY	RE AMBROS	E, J. 11/28/65	1305 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	l institution: residence before admission
FULL NAME OF (If not in hospital or instituted and	tion, give street	MD. Baltamor	
INSTITUTION MEMORI	11/ HOIPITI	C. CITY OR TOWN (If outside city limits, wi	to RURAL and give township)
UNION HEMORI	77 - 10	D. STREET ADDRESS (If rurol, give location)	0 7 00
		Flecturod Ave 300	9
M WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specily) N' Street	B. DATE OF BIRTH 7/19/87. 9. AGE (in years lost birthday) 78	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KtN done during most of working life, even it retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retried Police man Bal	to. City	Maryland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Ambrose J. McInture		Katherine Hooper	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6, SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	SECORITI NO.	Thomas McIntyre 3035	Fleetwood Ave.
18. 45 18	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		0 1 70	
LEADING TO DEATH (This does not mean the made of dying,	e.g., DUE TO	Cleep Jured Melan	wal Ilhos
heart foilure, asthenia, etc. It means the disc		ancerypm	
injury ar camplication which caused death.) ANTECEDENT CAUSES	(B)		7 /
DISEASES OR CONDITIONS, if any, g	DUE TO	Z.	104
rise to the abave cause (A) stating UNDERLYING CONDITION (ost.	-	N :	2
П			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE		
19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218, PLACE OF INJURY (e.g.,	inj or about 21 C. WHERE DID (If in Boltin	more City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY JOCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not We		
22. I certify that (I) (this hospital) attend			11/28 195
that (1) (we) last saw the deceased alive	/	19 65 and that In(my) (aur)	
	~/		opinion death accurred an the
and haur and from the causes stated about	ve. (1) (me) (ala) (ala not)	view the bady after death.	23B, DATE SIGNED
17/	M.D. A	ttending Med. Stott	11/08/65
23C.PHYSICIAN'S	,	23D. ADDRESS	1
NAME Type SI GRID A HE	ENE poeun M.C	UNION MEMORIAL	HOSPITAK Jospi
	C. NAME OF CEMETERY OF C	REMATORY 24D, LOCATION	(City, town, or county) (State
REMOVAL (Specily)	New Cathedra	(emetery Baltimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 1 1965 O. C. 649	Fall is a	Lagrand J. Ruck Inc	Baltimore, Md.
VS 150-REV. 1/1/65	TO A STATE OF THE PARTY OF THE		



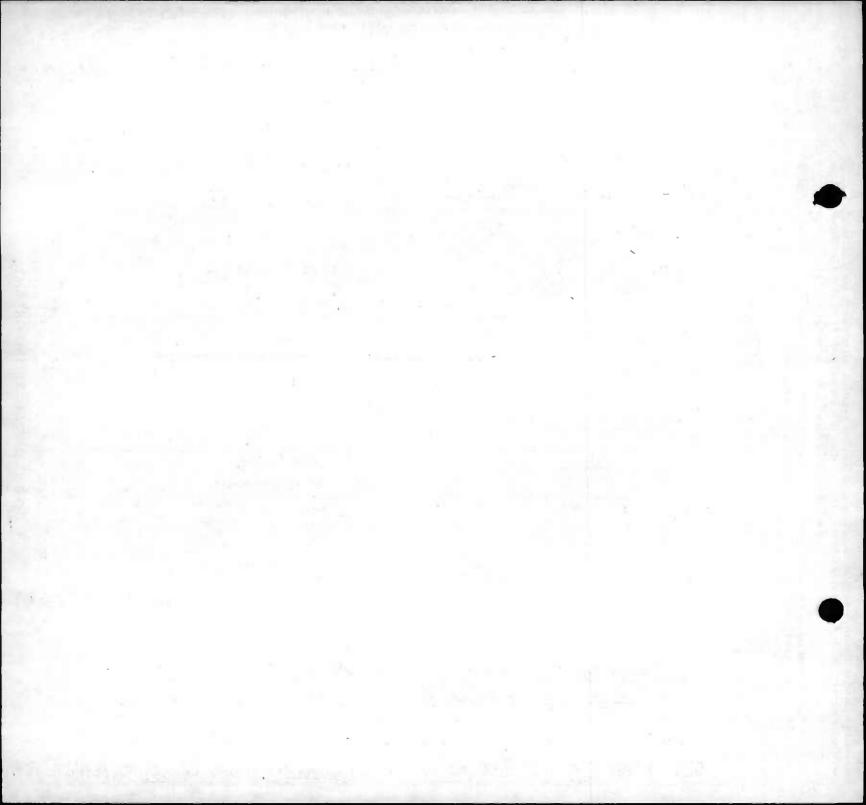
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				HEALTH DEPARTMENT	1	E 40004
		65 1226	CERTIFICA	TE OF DEATH	Registered No	5 12264
1, 5	E CASE NO.			2. DATE	AND HOUR OF DEATH	H 3.8
Ту	pe or Print) MATT	INGLY, BE	RNARD H. iram	11	130/65	10 P M.
3.	PLACE OF DEATH IN	BALTIMORE/MARYLA	IND	A. STATE B. COL		institution: residence before odmission)
		(If not in haspital or in	stitution, give street	Ma		Bullo
1/	NOITUTITZNI	address or location)				RURAL ond give township)
110	INION M	EMORIAL	HOSP	BALTIMO!	If rural, give location)	234 05 10
				2805 41	NGANOF	RE AVE
5.	. 4		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
			KIND OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTRY?
	FOVT EM			MARYLAN	VD	usA
	FATHERS NAME	120/22		14. MOTHER'S MAIDEN N	AME	7
×	BERURRA	H. MATT	INGLY	KATHERIN	JE CULL	.150N
15. (Ye	Was Deceased Ever in s, no or unknown) (If yes	U. S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT MAY	BELLEMA	TTINGLADDRESS
	no		220447777	WIFE		same
	18. 420,	/ 1	CAUSE O	F DEATH		INTERVAL BETWEEN
		CONDITION DIRECT	LY	1/	1 inforce	ONSET AND DEATH
		NG TO DEATH	(A)	yo Cardia	1 copone	1 43
	heart failure, asthen	ia, etc. II means the	disease,			
		on which caused dea EDENT CAUSES	(B)			1-
		NDITIONS, if any,	DUE TO		4 \$	17.11
	rise to the aba	ve cause (A) sla		criosclars to	CC	Me
	UNDERLYING CON	IDITION lost,	C	alio Casea	la dist	ang '
Z	OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING			
VIIO	TO THE DEATH	BUT NOT RELATED	TO THE			
IFICA			ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, WERI	FINDINGS CONSIDERED
ERT	DA ACCIDENT			YES		1135
CALC	21 A. ACCIDENT WA OR CONTRIBUTING	CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, factory, street, af etc.)	fice bldg., INJURY OCCUR?	(It in Boltimo	ore Cyly, give exact lacotion)
EDIC	21 D. TIME (Mont	h) (Doy) (Year) (H	out) 21E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
1	(APPROX.)		While At Not While At Work			
	22. I certify that (Dethis hospital at			1965 10	11/30 10 65
	that (I) (we) lost s	ow the deceased of	ive on 11/30/65	19 ond	that in (my) (our) of	11/30 19 65 , pinion deoth occurred on the dote
			bove. (1) (We) (did) (did not) v			
	23A. SIGNATURE					23 B. DATE SIGNED
	Charle.		Branch M.D. Atte	mding Med. Director	Stoff Phys.	11/30/65
	23C. PHYSICIAN'S NAME (Type)	CHARLES S	. BROWN	CANION MEN	MORIBI A	HOSPITAL
244	A. BURIAL CREMATIO	N 248 DATE	24C. NAME of CEMETERY OF CRE			City, town, or county) (State)
	REMOVAL (Specily)	12-4-65	Moreland Mem.		Baltimore,	A. I
254	A. DATE REC'D BY HE		NAME OF REGISTRAR.	25C. FUNERAL DIRECTO		ADDRESS
	DEC 1 19		tarberta a			ac Baltimore, Md.
I L	150-REV, 1/1/65	NO VOY		I Deamora	I LUCK YIL	L Duramore, 1114.

(.2 2 J ·)

Such

	BALTIMORE CITY	HEALTH DEPARTMENT	65	12265
BIRTH NO. 65 12265	CERTIFICA	TE OF DEATH	Registered No.	
N.B. CASE NO. I.NAME OF DECEASED (Type or Pint)		2. DATE AND	HOUR OF DEATH	4.4
Lena	Rai		30, 1965	11 A. A
PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	Υ, (itution: residence before admission
FULL NAME OF (If not in haspital or institution) INSTITUTION	tion, give street	C. CITY OR TOWN (If outs		IRAL and give township)
0			ore #14	
5114 (rosswoo	d Road		ord Road	
	RIED, NEVER MARRIED OWED, DIVORCED (specify) WI down d	8 DATE OF RIPTH	. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OPUSUAL OCCUPATION (Give kind of work 10B, KIN one during most of working tife, even if relired) Housewife	Own Home	11. BIRTHPLACE (Store or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE .	
August Runge		Catherine 1	Kraft	
5. Was Deceased Ever in U. S. Armed Forces? les, ng grunknawn)(If yes, give war ar dales of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	U	ADDRESS
No	214-03-6652	Mrs. Catherin	ne Schabda	ch same
18. 4221 VI 2604	CAUSE O		-	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	eir	timorline	ue,	
LEADING TO DEATH		io-vacula	n elman	2 Jups
(This does not meen the mode of dying, heart failure, asthenia, etc. It means the disc				/-
injury or complication which coused death.)				
ANTECEDENT CAUSES	DUE TO		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
DISEASES OR CONDITIONS, if ony, gi				
UNDERLYING CONDITION lost.	The (C)			
11	000,01	etis Wellette		-
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	UTING			315 199
DISEASE OR CONDITION CAUSING IT.	() Euro	me rugher	/	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
TA. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	fice bidg., 21C. WHERE DID	(If in Boltimore	City, give exact lacation)
O 21 D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
APPROX.)	While At Not While	е —		
	Work At Work	/n 1/	952 10 na	330 -65
22. I certify that (I) (this haspital) attend				0 30 19 63
that (I) (we) lost sow the deceased alive			t in (my) (our) opini	an death occurred on the da
and hour and from the causes stated above	ve. (I) (We) (did) (did not) v	iew the body after death.		
23A. SIGNATURE		/		23B, DATE SIGNED
way the	A	s. Director I	Staff Phy s.	Dee 1 - 63
23C. PHYSICIAM'S NAME (Type) EORGE 5	AWYER M.D.	4308 H	turpoid	Rd.
24A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City,	, town, or county) (State)
Burial 12/4/65.	M 1 1 M 1	1n 1	2-11:-000	///
	Moreland Medi		saccimone,	Maryland
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
		25C. FUNERAL DIRECTOR		V

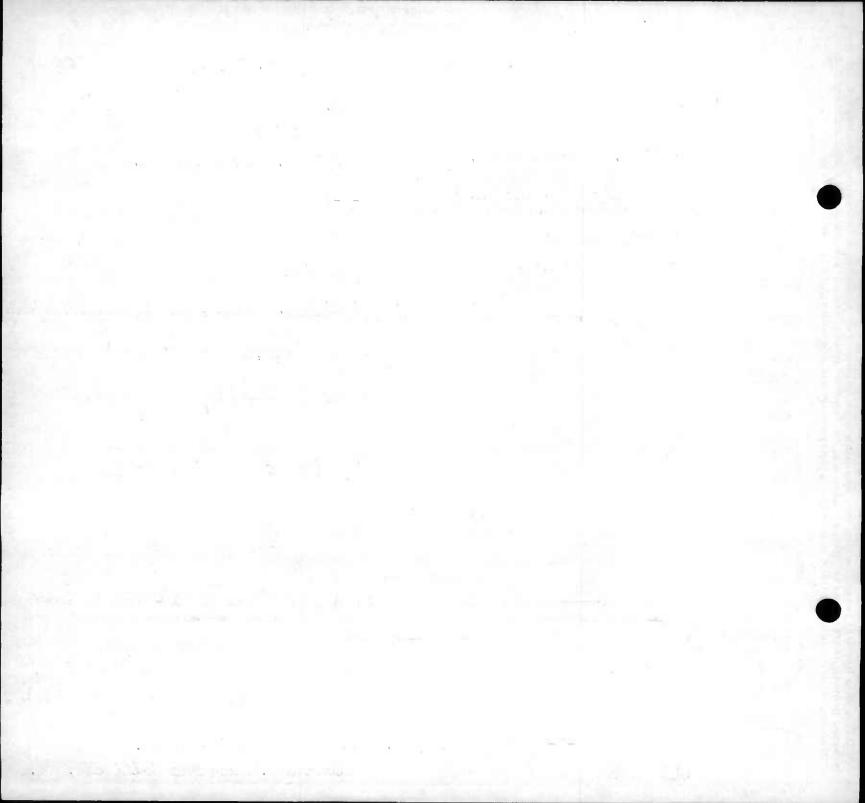


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

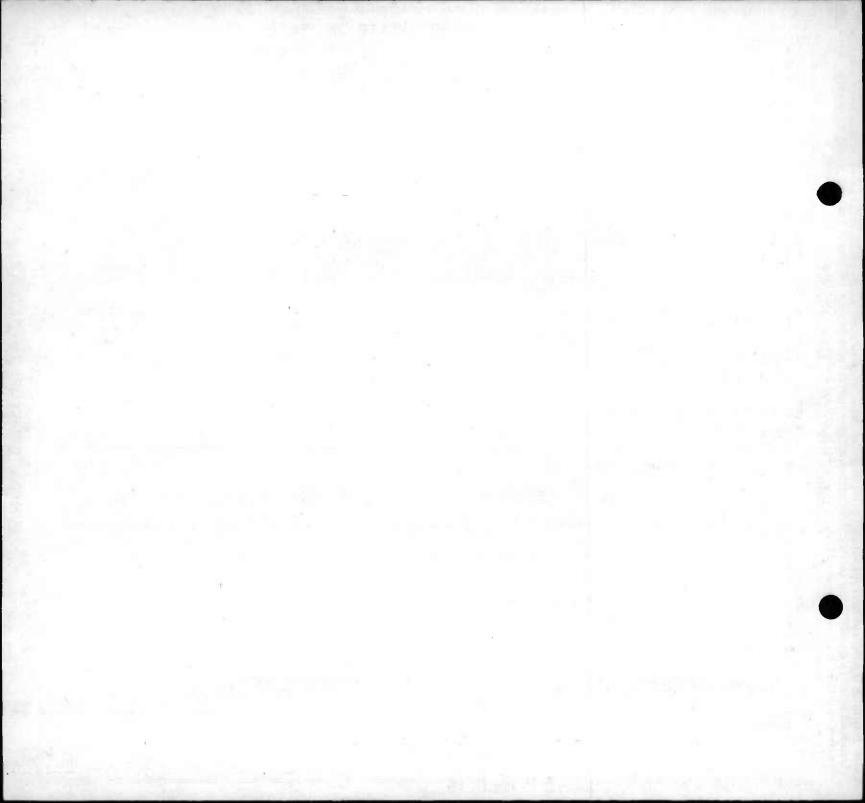
05 40000	DATE INVIOUS CITY	HEALTH DEPARTMENT	IE ADDOOD
BIRTH NO. 65 12266	CERTIFICA	TE OF DEATH Registered No.	5 12266
T. NAME OF DECEASED (Type or Print) OF HIER FOLLOWORD	SOHN	Nev 30 1965	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence befere odmission)
FULL NAME OF (If nel in hospitel or institution, give s HOSPITAL OR eddress or location) INSTITUTION	ireet	C. CITY OR TOWN (If eutside city limits, with	e RURAL ond give Iownship)
UNIVERSITY HOSPITAL		D. STREET ADDRESS (If rurel, give lecotion) 410 W. FAYETTE	STAFFT
5. SEX 6. RACE 7. MARRIED, NEV	ER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers	
M CAUCASIAN XXXXX U	vidowed	7/13/83 lost birthdoys	If Under 1 Yr. If Under 24 Hrs. Menths Deys Heurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS) dene during mest et werking life, even if retired) Retired XXXXXXX	clerical	11. GIRTHPUACE (Stote or foreign country) MARYL HOW	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
XXXXXXXXXXX Adam Dehler		XXXX Not known	
	SECURITY NO.	Chart.	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) GE	MASCULAR DISEASE	TIE YEARS'
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which coused death.)	DUE TO	IASCULAR DISEASE	
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		IS .	
198. CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20 A. AUTOPSY? (Yes or Ne) 20 B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (nehfy medical exeminer)	m, foctory, street, of	n er ebout 21C. WHERE DID (If in Beltim fice bldg., INJURY OCCUR?	ore City, give exect lecotion)
OF INJURY (Menth) (Dey) (Yeer) (Heur) 21E, INJURY While At	JRY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) N/A Werk	L/At Werk		
22. I certify that (I) (this hospital) attended the de			the continue of the continue o
that (I) (we) lost sow the deceased alive on 3 4		19 62 and that in (my) (our) a	pinian deoth accurred on the date
ond hour and from the couses stated abave, (1) (We) (did) (did not) v	lew the body ofter deoth.	23B. DATE SIGNED
Bull Kayer ! M	Phy		Nov 30 196
23C.PHYSICIAN'S NAME (Type)	MD	23 D. ADDRESS	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME (of CEMETERY or CRE	MATORY 24D. LOCATION	(City, town, or county) (Stote)
burial 12-3-65 Balti 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REC	more Ceme	etery Baltimore,	Md.
DEC 1 1965 P. D. D. G. S. J. J. VS 150-REV. 1/1/65	1 (1)	Leonard J. Ruck Inc	Baltimore, Md.

Jan I ber I i Carrier Parisin 412 W FINETTA 2/10/0) 82 M Contract of Sect of Section Maria Single Company of the Marie Land and the second second A SAME TO SAME FAM C and the same Transmit Steerest Steel Steel Steeler

8- 1000	BALTIMORE CIT	Y HEALTH DEPARTMENT		DE 4000m
BIRTH NO. 65 12267	CERTIFICA	TE OF DEATH	Registered No.	65 12267
M.E. CASE NO. 1. NAME OF DECEASED	many g	2. DATE A	AND HOUR OF DEATH	
Type or Print) Mary M.	Zander	Nov	. 29, 1965	4:00 A.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WHA. STATE B. COU	hore deceased lived. If i	nstitution: residence before admissio
FULL NAME OF (If not in hospital or institu	ition, give street	Md		17-38
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
2		Baltim	ore	
1722 E. Belvedere	Ave.		If rurol, give location)	1
			Belvedere;	
	OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
temale white we work 108, KIN	dowed	3-5-1888	77	
one during most of working life, even if refired)	ID OF ROSINESS OK INDUSIK	11. BHTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Housewite		Maryland		USA
3. FATHER'S NAME U		14. MOTHER'S MAIDEN N.	AME	
Michael Jankiewicz		Mathilda (Hesh	
5. Was Deceased Ever in U. S. Armod Forces? (es.no or unknown) (If yes, give wor or doles of ser	vice) 1 6- SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
no	212025005	William H.	Zandan O.	02115 0114.1
18. 420. 1 XI 260 X	CAUSE	OF DEATH	araer, gr	19245 ULA FLORTO
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) Co	ronary Ocely	sion Acut	Immediate.
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the dis	0000	/		
injury or camplicolian which caused deoth.)	A .	Leriosclerosis	· Car als	1 + 204
ANTECEDENT CAUSES	(B) A C	CELIOZCIENOSI	Generaliz	ed = 23 /12.
DISEASES OR CONDITIONS, if any, g				
rise to the above cause (A) stating UNDERLYING CONDITION last.	lhe (C)	004070707000000000000000000000000000000		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING 7 - L. La	s Mellitus		+1/10
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE DIQUELLE	2 Metres		+4 40
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION		No. 208, IF YES, WERE	FINDINGS CONSIDERED
0 None		1000	-	TOSES OF DEATH:
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimor	re City, give exact location)
DEATH (notify medical examiner)	elc.)			
21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Wark At Work			
22. I certify that (I) (this hospital) attend			1963 to 2	6 NOV 1965
that (I) (me) lost sow the deceased alive				inion deoth occurred on the do
ond hour and from the causes stated about 23A. SIGNATURE	ve. (1) (36) (did) (did)	view the body after deoth	•	
23A. SIGNATURE AND IL	122 2 40 40	lending of Adad on	S4-44	23 B. DATE SIGNED
Colward of m	of m. J. M.D. Ph	ending Med. Director	Stoff Phys.	30 Nov 65
PAME (Type) Edward L.J. M.	olz M.D.	7425 /	4ar ford	Re Belto (34) Th
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CE			ity, town, or county) (Stote)
REMOVAL (Specify)				
	Moreland Mem.	Park E	Saltimore.	Md. Baltimore, Md.
DEC 1 1965 A 0 8. 0	ME OF REGISTRAR	Leonard J.	Brush On	Roltings MI
DEC T 1909 (Level) E	- Contraction	Levitaria J.	HILLER YNC	baccomore, ma.
'S 150-REV. 1/1/65				



		HEALTH DEPARTMENT	65 12200
M.E. CASE NO. 65 12368	CERTIFICA	TE OF DEATH Register	
1. NAME OF DECEASED (Type or Print) Henry g	. Scho.		965 8 05 Fm
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased li	ved. Il institution: residence before admission
FULL NAME OF (If not in hospitol or institution)	tution, give street	Maryland C. CITY OR TOWN (If outside city limit	is, write RURAL and give township)
INSTITUTION		Baltimore	63-00
Church Home	e Hospital	D. STREET ADDRESS (If rurol, give loc	otion)
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In y. lost birthdoy)	eors If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KI	married ND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
Ret. Machinist Boss	14	Germany	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Julius Scholina		Hilda (Last name	e not known)
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II) yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT	ADDRESS
no	216035038	Adelia E. Scholing	same
18.	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	-	. 1000 10	ONSET AND DEATH
LEADING TO DEATH	Cross	in Pt Walen of alle	a from 2 his
(This does not meon the mode of dying		- Cartel	·
heart failure, asthenia, etc. It means the di injury or complication which caused death.		The state of the s	, , , , , , , , , , , , , , , , , , , ,
ANTECEDENT CAUSES	(8) Cerc	ine Color	6 months
DISEASES OR CONDITIONS, if ony,	DUE TO		
rise to the obove cause (A) stating			
UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CONTRITO TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION WAS PERFORME 21.A. ACCIDENT WAS UNDERLYING	BUTING TO THE		
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES	S, WERE FINDINGS CONSIDERED
			The second of second
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID (II in fixe bldg., INJURY OCCUR?	Boltimore City, give exact location)
Q 21D. TIME (Month) (Doy) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
21 D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	While At Not While	e —	
(AFFROX)	Work At Work	A	
22. I certify that (I) (th is hospit al) atte		19 5 8 to	Por 30 1965
that (!) (🖦) last saw the deceased aliv	e on Mr- 30	19(a) and that in (my) (ear) apinian death accurred on the dat
and have and from the causes stated ab	ave. (1) (We) (did) (did nat) v	iew the bady after death.	
23A SIGNATURE			23B. DATE SIGNED
Marces . Mes	M.D. Atte	ending Med. Stoff Phys.	12-1-65
23C. PHYSICIAN'S		23D. ADDRESS	1
PHYSICIAN'S NAME (Type)	n C M.D.	57010 81 8011	5 hel 11710
24A. BURIAL CREMATION, 24B. DATE	24C NAME of CEMPTERY CO.	SWATORY DECEMBER	1500 3/217
REMOVAL (Specify)	24C. NAME of CEMETERY of CRI		(City, town, or county) (Stote)
burial 12-4-65	Oak Lawn (eme	tery Baltimos	re, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS 10
DEC 1 1965 A 0 4 0	26500	Leonard, J. Ruck	Inc 5305 Harford Re
VS 150-REV. 1/1/65	VIUM PROPERTY		



M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE

B. COUNTY FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or location) (II outside city limits, write RURAL and give township) INSTITUTION Town Nursing Home (If rural, give location) St. Paul Street 4403 Main made. 7. MARRIED, NEVER MARRIED 9. AGE (In years WIDOWED, DIVORCED (specify) lost, birthdoy widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) disposition done during most of working life, even if retired) Housewite Maryland 14. MOTHER'S MAIDEN NAME Adolph Staeng titia Wood 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 6. SOCIAL final SECURITY NO. 216249043 iolet Hall 0 DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) em ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, il ony, rise to the abave cause (A) stating the UNDERLYING CONDITION last. remains 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. before the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) brained 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 0 that (1) (we) last saw the deceased alive an.... Pe and that In(my) (exer) apinion death accurred an the date must and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE Attending Stoff M.D. Med. approvai Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) written 2-2-6 Noodlawn emete 25C. FUNERAL DIRECTOR

65 12269

BIRTH NO.

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VS 150-REV. 1/1/65

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D.O.A. shows: (1)

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(2) Body

medical

8

the body was released to the hospital by

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An accident of any nature;

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TO WOS the

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Deceased death

cause; (5)

(4) Undetermined

contributing cause

the direct

Also,

and

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occurred

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered Na.

If Under 1 Yr. Months: Doys

12. CITIZEN OF

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

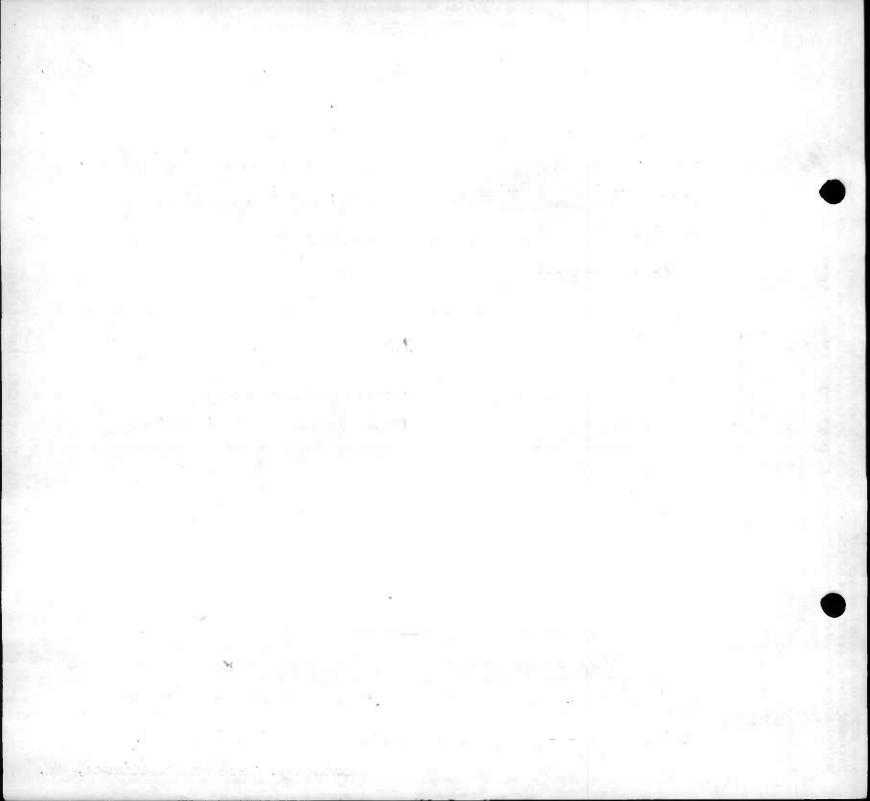
same

23 B. DATE SIGNED

ADDRESS

If Under 24 Hrs. Hours : Min.

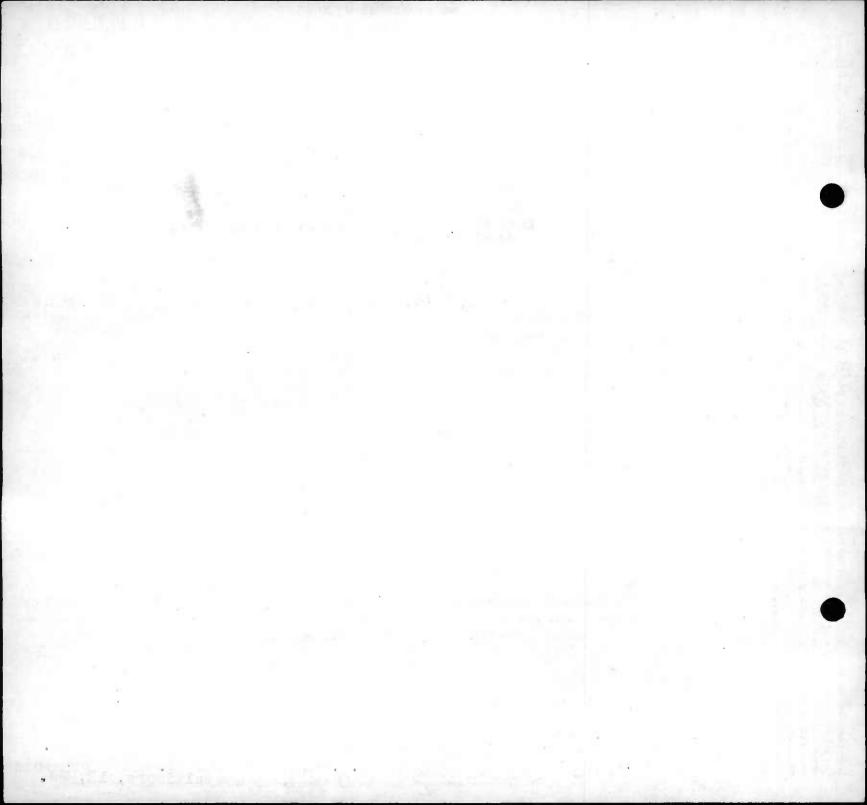
Hours



IMPORTAN DIRECTOR FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT 65 12270 Registered No. BIRTH NO. ERTIFICATE OF DEATH pital and of death Such Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Typo or Print) Lo hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where doceosed lived, If institution; residence before admission) ance B. COUNTY A. STATE (2) cause (If not in haspital or institution, give street FULL NAME OF 0 HOSPITAL OR address or tacation) C. CITY OR TOWN (If autside city fimits, write RURAL and give township cause; attend 10 0 prior D. STREET ADDRESS contributing (If turo). give location occurred Undetermined regular made 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED DIVORCED (specify) Hours last birthday 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OP BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF death disposition WHAT COUNTRY? = dage during, most of working life, even if retired) 0. 6-7 BALTLMOAE, Was 13. FATHER'S NAME 0 14. MOTHER'S MAIDEN NAME ÷ 4 assistant eath 0 15. Was Docoasod Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL Kind or final (Yes, no or unknown) ()f es, give war at dates of service) SECURITY NO attendance MRS. CATHERINE L. OWINGS 3733 any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed jo LEADING TO DEATH fracture (This does not meon the mode of dying, DUE heart failure, asthenia, etc. It means the disease, examiner aminer. regula injury or complication which coused death.) ANTECEDENT CAUSES who DUE Gre DISEASES OR CONDITIONS, if ony, 3 to the obove couse (A) stoting the physician the remains UNDERLYING CONDITION Jost, chief medical burns: MOS dical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes at Na) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21A. ACCIDENT WAS UNDERLYING 3 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact facation) where OR CONTRIBUTING CAUSE OF hame, larm, foctory, street, office bldg., INJURY OCCUR? to the hospital ° MEDICAL DEATH (natify medical examined etc. nature; obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While (APPROX.) AI Work and Work any 22. I certify that (1) (this hospital) attended the deceased from pe that (1) (we) lost sow the deceased olive on. and that in (my) (put) apinion death occurred on the date of death) hospital and hour and from the couses stated above. (1) (We) (did) (did net) view the body ofter death. was released must accident 23A. SIGNATURE 23B. DATE SIGNED must M.D. Attending Med. Staff 0 Phys. Director approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS certificate eceased prior at NAME (Type) An D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lawn, or county) the body REMOVAL (Specify) written 165 Balting shows: 25A, DATE REC'D BY HEALTH DEPT. 19 Baltimore National Baltimore Md. MOS W. Jenkins & Sons Co. ō Baltimore VS 150-REV. 1/1/65

(Stole)



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VS 150-REV. 1/1/65

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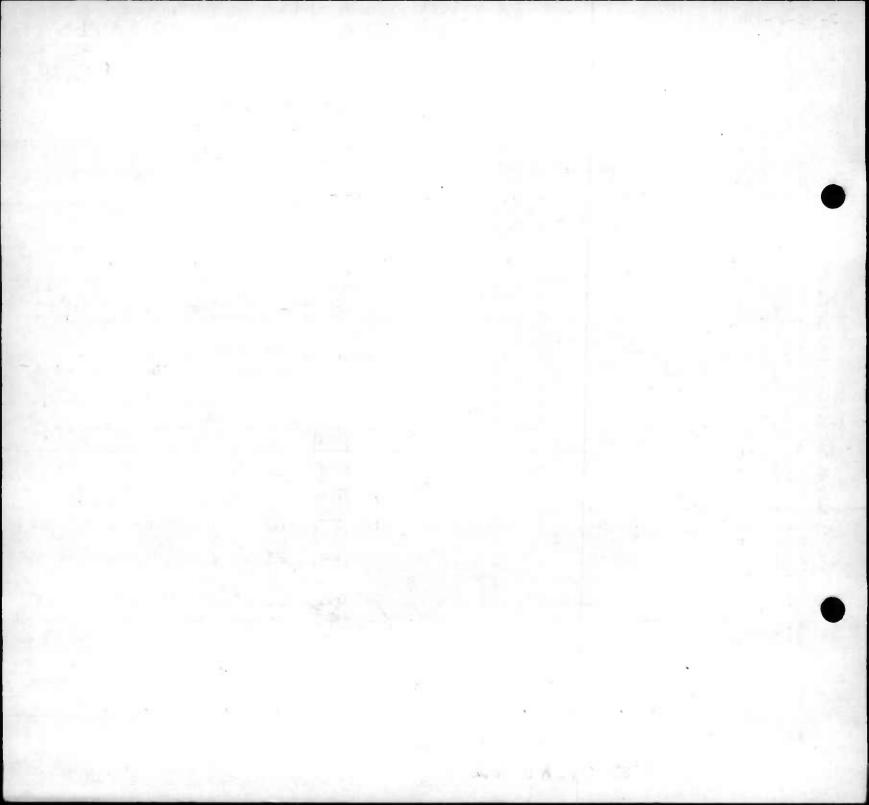
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BALTIMORE CITY HEALTH DEPARTMENT

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E OF DEATH	Registered Na.5	1222
COFDEATH	.,,	the without to

IRTH NO.	CERTIFICA	ATE OF DEA	ATH Registered No	DJ Dalet
M.E. CASE NO.		la la	DATE AND HOUR OF DEAT	ы
Type or Print)		2.		19:45
Flossie Day		H. 1101.41 - 2715	11/28/65	7. 40 P V
PLACE OF DEATH IN BALTIMORE, MARYLANI		A. STATE	B. COUNTY	institution: residence before admission
FULL NAME OF (If not in hospital or instit	tution aive street	Marylan	ha	4-73
HOSPITAL OR oddress or location)	orion, give sheet	C. CITY OR TOWN	(If outside city limits, write	e RURAL and give township)
INSTITUTION Paltimone City U	comital a	Baltimo		
Baltimore City H		D. STREET ADDRES		
4940 Eastern Ave			Etting Street	21217
Baltimore, Maryla				
	ARRIED, NEVER MARRIED	4-3-1932	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KI	NO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Sto	ote or foreign country)	12. CITIZEN OF
one during most of working lile, even if retired)		Do 1		WHAT COUNTRY?
		11/10/		4.0
FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	
Erant 1)21.		FLMIP	e laha	2 Son
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	7070	ADDRESS
es, no grunknown) (If yes, give wor or dotes of se	rvice) SECURITY NO.	IIII OAMAIAIT		WAR 4599
140		Records: BC	H-4940 Eastern	Avenue 21224
18. 5 0 0 V I	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH		D- 101	10 30 T 1	
(This does not mean the made of dying,	e.g. Diff TO	rcenal mail	une 2° To chue Homeruloney hu	5410
heart foilure, osthenia, etc. It means the di	sease,		Comercioneria	till 6 months
injury ar camplication which coused death.)	,		
ANTECEDENT CAUSES	(B)			***************************************
	DUE TO		1	
DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating		nam secret	time Carteren	in 3 days -
UNDERLYING CONDITION last.		0		4
11				
OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING			
TO THE DEATH		mana also	siTy - massion	O VOMA
DISEASE OR CONDITION CAUSING IT.	EOD WHICH OPERATION			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	ZVA. AUTOPSY?	Yes or No. 208. IF YES, WER	E FINDINGS CONSIDERED
	hald-annual land	Yes:		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg. INTURY O	RE DID (If in Boltim	ore City, give exoct locotion)
DEATH (notify medical examiner)	etc.)	Ooc orogs, Indoort O		
21D WARE (Adoubly (Day) (Very) (Henry	2015 10111100 000000000	015 110	DID INTUING COLUMN	
21D. TIME (Month) (Doy) (Year) (House OF INJURY			DID INJURY OCCUR?	
(APPROX)	While At Work At Work			2 - 2 - 3
20.1		1.1.1	10/5	11/28/
22. I certify that (I) (this heepital) atter		, u/1/	19 05 ta	1965
that (I) (wer last saw the deceased aliv	e on 4/28/	19.65	and that In(my) (our) a	plnian death accurred an the da
and haur and from the causes stated abo	nve. (I) (WS) (did) (did.			
23A. SIGNATURE	(1) (10g) (ala) (d==101)	TION THE DOOR OTTO	i dedille	
23. SIGNATURE O O / 1/ O			6. // 6	23B. DATE SIGNED
their lenter	M.D. At	tending Med.	ctor Stoff Phys.	11/28/65
23C. PHYSICIAN'S	U-	23D. ADDRESS		, = 0 0 0
NAME (Type)				
David P. Curtiss Jr.	M.D.	4940 Easter	n Avenue, Baltim	ore, Maryland
A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CR			City, town, or county) (Stote)
REMOVAL (Specify)	MATI /) . A	//	16000	200 H
John 9 12 200	11 July		1 Dallo	1000
SA. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL	DIRECTOR	ADDRESS (1)



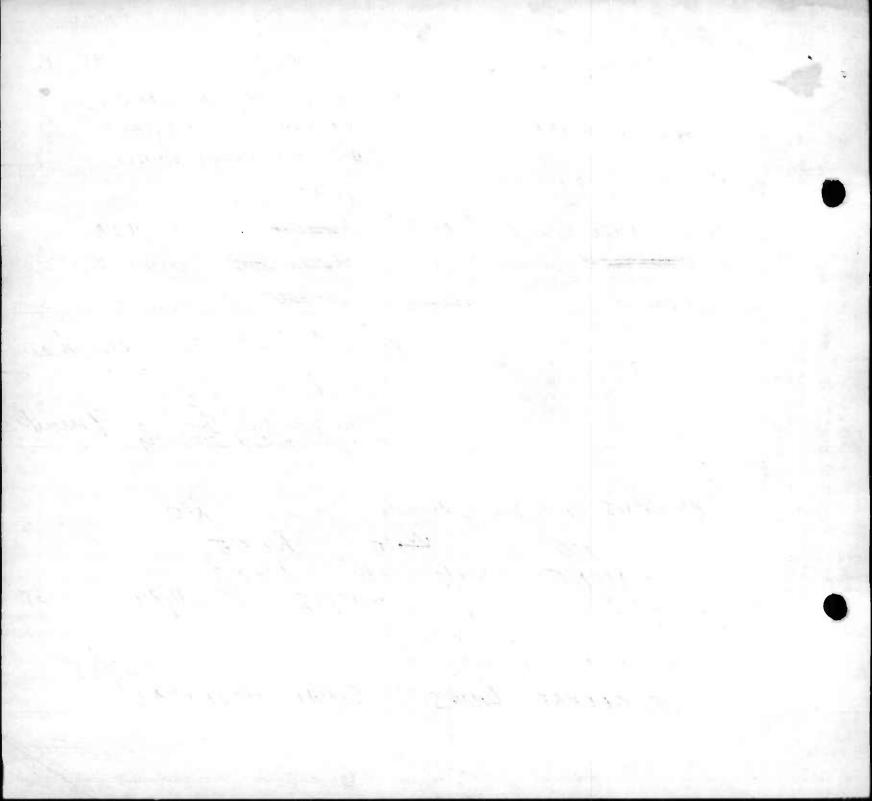
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	4 5 76 (1746)	BALTIMORE CITY	Y HEALTH DEPARTMENT	
	TH NO. 65 12272	CERTIFICA	TE OF DEATH Registered N	65 12272
1.	NAME OF DECEASED	,	2. DATE AND HOUR OF DEA	TH UT- A
	PLACE OF DEATH IN BALTIMORE MARYLAND	. Y	4. USUAL RESIDENCE (Where deceased lived,	3 Is PM.
	TEACL OF BEATH IN PARIMONS MANUALINE	,	A. STATE B. COUNTY	A PA
	FULL NAME OF (If not in hospital or institution oddress or location)	in, give street	C. CITY OR TOWN (If autside city limits, wr	ite RURAL and give township)
	INSTITUTION		BalTwore #	7 53-00
H.	University		D. STREET ADDRESS (If rurol, give locution)	1. 1000
	· · · · · · · · · · · · · · · · · · ·	CD NIEVER AAARRISO	6809 C 10m	
	Male w WIDO	ED, NEVER MARRIED WED, DIVORCED (specily) May V (c)	B. DATE OF BIRTH 9. AGE (In years lost bymhday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A, USUAL OCCUPATION (Give kind of work 10B. KIND ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	(11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
12	Averican Canto	4	RVSSIA	VSA
413	Hathien Polon	shy	Little Hat	off
75. (Y	Was Deceased Ever in U. S. Armed Forces?	e) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO	212-09-490	24 Norman Tolonsk	of clarenth la
	18. 420.14-199.0	2 CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Mysea deal I to	t.
	(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea		Suspected	//.n.
	injury or complication which coused death.)		30- rected	
	ANTECEDENT CAUSES	DUE TO		***************************************
	DISEASES OR CONDITIONS, if any, givenise to the above cause (A) stating			
	UNDERLYING CONDITION Iosi.			
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO		
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE VIFUSE	pelvic Carcinon	-10113
FRTIFIC	19A. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	NO 20A. AUTOPSY? (Yes of No.) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O IA	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)		more City, give exact location)
MEDIC	21D, TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
3	(APPROX)	While At Not Whi At Work	le 🗌	4
	22. I certify that (I) this hospital attende	d the deceosed from	11 29 1965 10	1/30 1965.
	that (1) (we) lost saw the deceased alive a	and the second		opinion deoth accurred on the dote
	and hour and from the couses stated above	. (1) (did) (did not)	view the body after death.	
	23A. SIGNATURE	M.D. AH	ending Med. Stoff	23B. DATE SIGNED
	23E PHYSICIAN'S	leve Phy	23D. ADDRESS	11/30/65
	NAME (Type)	M.D.		
24		NAME OF CEMETERY OF CR		(City, lower of country (Stote)
	341 1-0 12-1-65	Beck Isaac	T 10.177 14 /2/4	uman Hill ma
25	A. DATE REC'D BY HEALTH DEPT. 258. NAM		29C. FUNERAL DIRECTOR	ADDRESS
VS	150-REV. 1/1/85 1965 (P. R. 2 3	Column (goch Lewis, onc	0100 Eular /

V. 200 - 1 - 1 - 2 - 2 - 1 ALE SON BUILDING Zitteria a ministrational and a second

Service Man Wagners Commence

	TY HEALTH DEPARTMENT
BIRTH NO. 65 12274 CERTIFICA	ATE OF DEATH Registered No. 6.5 12274
M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEATH
(Type or Print)	11/29/65 16:45 P. W
SHER MICHAEL R. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whele deceased lived, If institution: residence before admission)
3. TENCE OF DEATH IN BARINGON, MANIENTO	A, STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street address or location)	BALTIMORE, MARYLAND Ball
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
SINAL HOSPITAL	D. STREET ADDRESS (If Turol, give location)
	#8 OLD COURT ROAD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
Male White Happier	3/1/05 60
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST!	RY 11. BURTHPIACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
MGR. of AUTO BUSINESS (CAR Sale	NEW YORK U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DR. Robert Sher	Josephine Kuriz
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
UNKNOWN 2K-05-951/15	MRS. Lillian Sher SAM
	OF DEATH INTERVAL BETWEEN
171:21	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	1. 1. 11 . 2. 1
LEADING TO DEATH	ericardial effecsion 2 weeks
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,	
injury ar camplication which caused death.)	Mand N
ANTECEDENT CAUSES (B)	Chastases from
DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	Hoursonewayer of a Presente
UNDERLYING CONDITION last.	Established and Other and the
11	Esophugus + Mouncy
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	150 A
	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
March 1965 Cercumes of Stomack	1 yet NO
U 21A. ACCIDENT WAS UNDERLYING 21B. PU/ACE OF INJURY (e.g.	office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	1- 1/0 1/1-
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	E NONE
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) NONE Work Not Work	
22. I certify that (1) (this hospital) ottended the deceased from	
that (1) (we) ost saw the deceased alive on	
ond hour and from the couses stated obove. (1) (We (did) (did not)	view the hody after death.
23A. SIGNATURE	
	Mandian Staff Staff
Charas Munde M.D. A	ttending Med. Stoff Phys 1/129/6
SCHRISTCIANS	23D. ADDRESS
NAME (Type) FOPLE DANK M.E	SINAI HOSPITAIL
DA. DEDAGE -III	
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
BuriAL 12/165 NEW HAR SIM	isi Amina suina m. A. A.
200000	- whop ficees , foculation
	2SC, FUNERAL DIRECTOR
DEC 2 1965 P. O. A. S. Frederica	Del sevenoro Dros one. 6010 Recelerators Cd
VS 1S0-REV. 1/1/6S	



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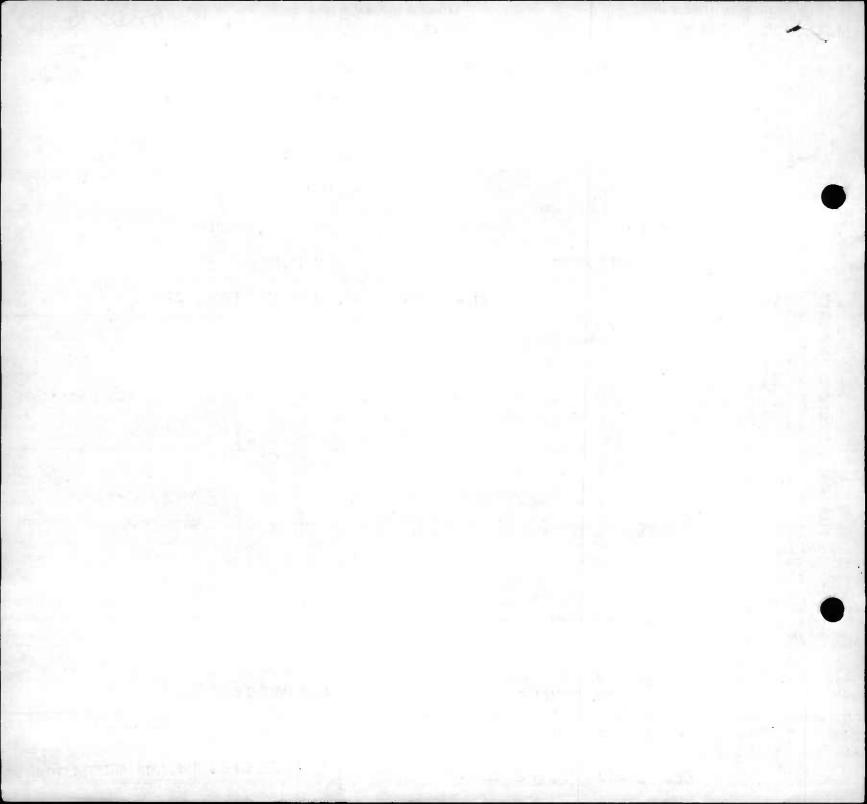
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attend

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 130 165 RESIDENCE (Where deceased lived. If institution; residence before admission) 8. COUNTY MARVLAND (If not in hospital at institution, give steel **FULL NAME OF** HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) 3305 BONNIE ROAD 3305 BONNIE ROAD mad 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX 6. RACE II Under 24 Hrs. Hours WIDOWED, DIVORCED (specily)
MARRIED lost birthdoy 6/3/1906 WHITE MALE 59 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) isposition done during most of working lile, even if retired) BALTIMORE. MARYLAND MERCHANT RETAIL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DAVID FREED IDA FRIEDMAN 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) MRS. FLORENCE FREED 3305 BONNIE ROAD fina NO CAUSE OF DEATH INTERVAL BETWEEN 20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, heart failure, asthema, etc. It means the disease, injury or complication which coused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION lost. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notily medical examined) etc.) 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Wark 22. I certify that (I) (this hospital) attended the deceased fram... 5/10 19 4/10 11/30 11/29/0519 and that in(my) (our) apinian death accurred an the date that (1) (we) last saw the deceased alive an.... and haur and from the causes stated above. (1) (#e) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Stolf M.D. Med. Phys. approval 23C. PHYSICIAN'S prior 23D. ADDRESS NORTHERN PARKWAY NAME (Type) M.D.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) BURIAL MARYLAND BALTIMORE BNAI ISRAEL 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. ADDRESS LEVINSON EBROS. INC. 6010 REISTERSTOWN VS 150-REV. 1/1/65

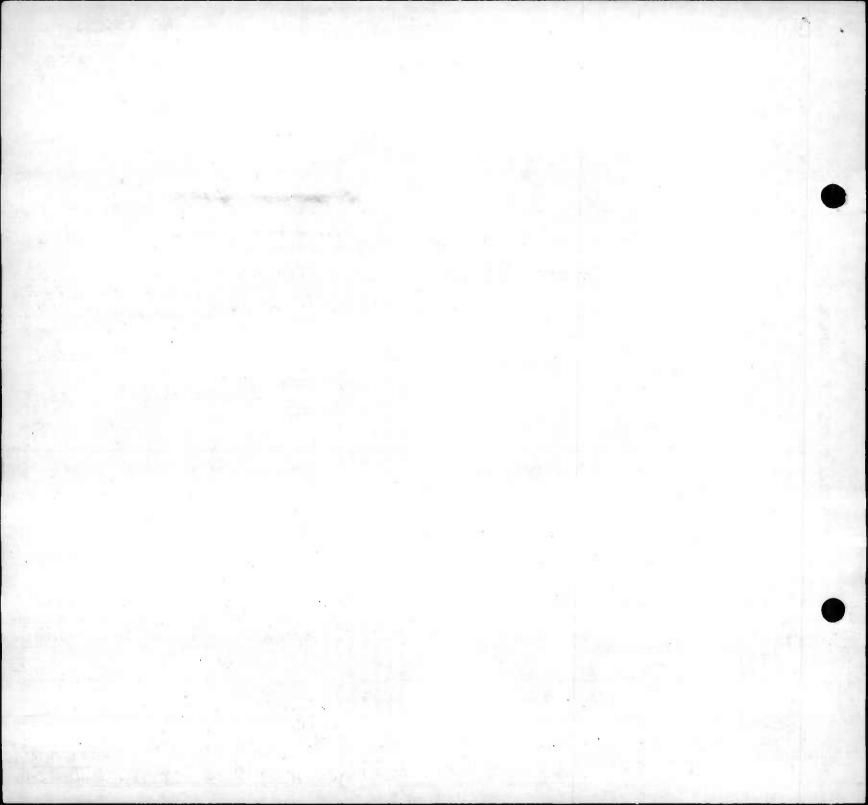


	000
	death
	9.
IMPORTANI	assistant
WE	or his
DIRECTOR:	dical examiner
	dical

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the body was released to the hospital by a medical examiner. This certificate must be approved by the chief me

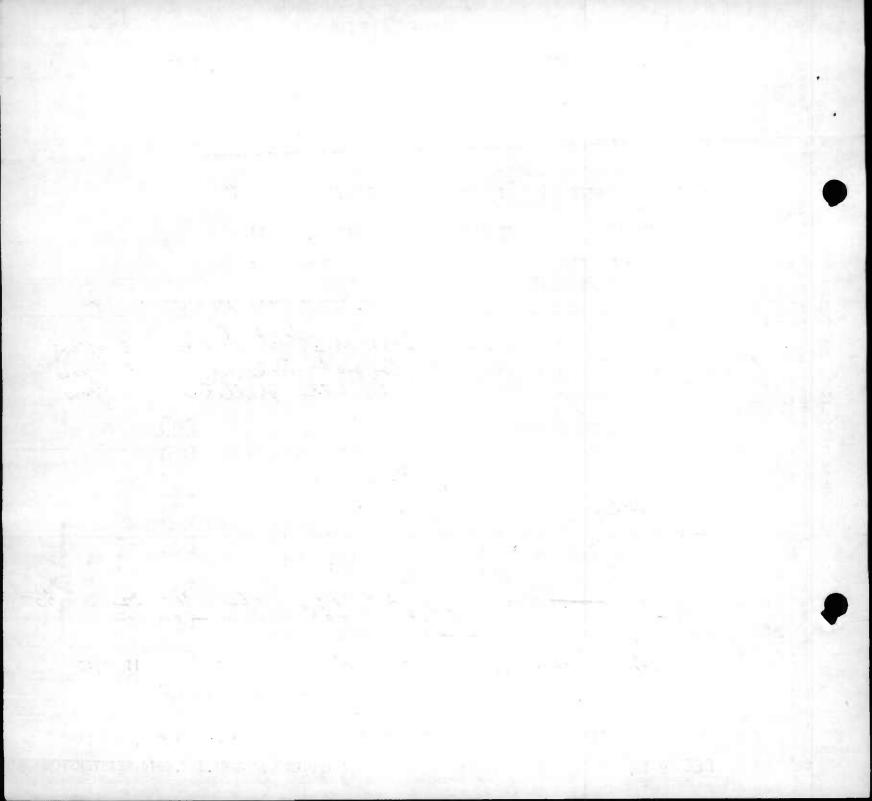
		BALTIMORE CITY	HEALTH DEPARTMENT		
- 11	витн NO. 65 12276	CERTIFICA	TE OF DEATH	Registered Na	12276
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) COHEN	BESSIE	11	HOUR OF DEATH	8 20 pm.
	3. PLACE OF DEATH IN BALTIMORE, MARYVAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT)	deceased lived. If instit	ution: residence before admission)
7	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	tion, give street	BALTIMOR	de city limits, write RUE	(AL and give township)
	MONTEBELLO STATE	= HOSPITAL	108 1 FA	UNION ST.	
		RIED, NEVER MARRIED DWED, DIVORCED (specily) MIDOUED D OF BUSINESS OR INDUSTRY	B. DATE OF BIRTH P.	7/	f Under 1 Yr. II Under 24 Hrs.
	done during most of working life, even if refired) RETIRED - H&	essenho	14. MOTHER'S MAIDEN NAM	7 RUSSIA	WHAT COUNTRY? U.S.A.
-	HARRY AND	SKIAR	LINKNO	LAZI	
	15. Was Deceased Ever/in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv		17. INFORMANT	50.	3, SW, 56 7A
	18, 797	CAUSE O	NEICE MRS. ~ 1	FRANK. TO	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Δ.			ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,		EOGENIC SAK	RCOMA	8 MONTHS
	hearl failure, asthenio, etc. It means the disc injury or complication which caused death,)	ose,	C GENERALIZ	LED TACTION	
	ANTECEDENT CAUSES	DUE TO		16-1731731	
	DISEASES OR CONDITIONS, if any, ginise to the above couse (A) stating UNDERLYING CONDITION last.		***************************************	· · · · · · · · · · · · · · · · · · ·	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No)	20B. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore C	ity, give exact location)
	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work		RY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) lost saw the deceased alive	11 - 0	5-20 19 19.65 and that	in (my) (our) apin)	n death accurred an the date
	and have and from the causes stated above 23A, SIGNATURE	re. (1) (We) (did) (did nat) v	riew the bady after death.	22	B, DATE SIGNED
	Sin u. Day	Phy	s. Director P	talf hy s	11-28-1965
	23C.PHYSICIAN'S NAME (Type) Zin U. Park	M.D.	23D. ADDRESS MONTEBELL	O STATE	HACDITAL .
	24A. BURIAL CREMATION, 24B. DATE	C. NAME OF CEMETERY OF CRE	EMATORY Duad 240. 100	CATION (City,	lown, or county) (Stole)

1965 A 258. NAME OF REGISTRAR DEC 2 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65



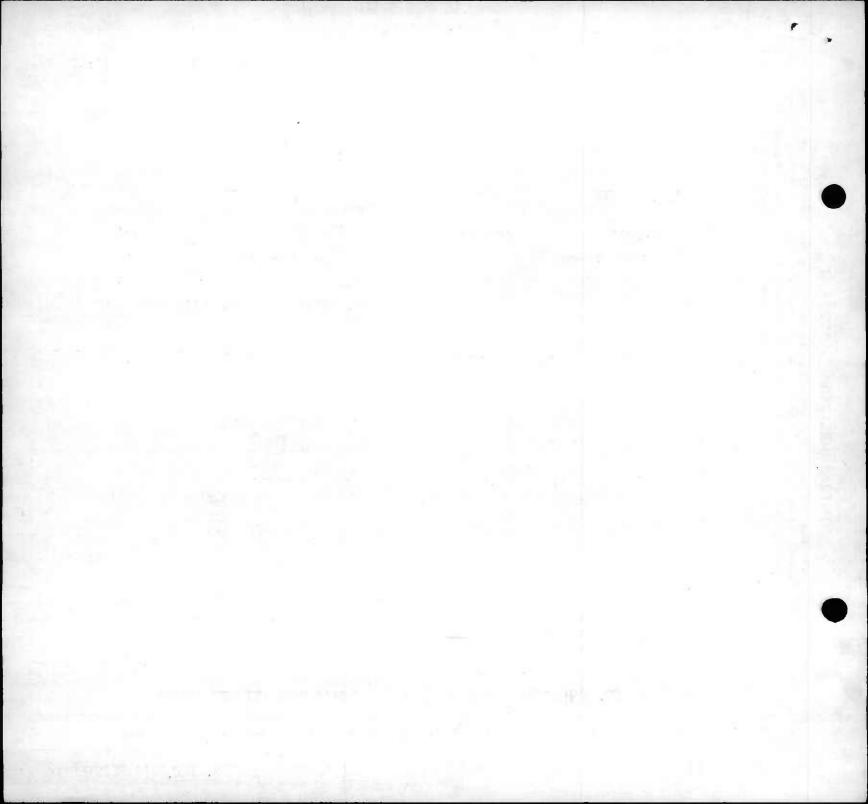
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	or his assistant if Also, if the directed fance of any kind: (4)	nounced death was attendance on the Imed or final disp
AL DIRECTOR:	edical examiner dical examiner.	ysician who pro was in regular mains are emba
FUNERA	ed by the chief m nospital by a me ature: (2) Body by	pt where the phy (6) No physician ined before the re
•	This certificate must be approve the body was released to the labous: (1) An accident of any n	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privitien approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	Y HEALTH DEPARTMENT		65 400mm
	CASE NO. 65 LEGS	CERTIFICA	TE OF DEATH	Registered Na	00 182//
	OF DECEASED OF Print) MOLLIE	DALLAN		ND HOUR OF DEATH	
3. PL/	CE OF DEATH IN BALTIMORE, MARYLA		4. USUAL RESIDENCE (Whe		stitution: residence before odmission)
EII	U. NAME OF	414.41	MARYLAND	1	1-19
HC	LL NAME OF (If not in hospital or in SPITAL OR oddless or location)	stitution, give sheet		utside city limits, write R	URAL and give township)
10	BELVEDERE NUR	SING HOME		(AVENUE	
5. SEX	6. RACE 7.	AARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 His. Months; Doys Hours; Min.
FE	MALE WHITE	WIDOWED DIVORCED (specify)	7/25/1886	lost birthdoys	Months Doys Hours Min.
	SUAL OCCUPATION (Give kind of work 10B uring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
gone c	HOUSEWIFE	AT HOME	POLTAVA, RUSSI	IA	USA
13. FA	THERS NAME		14. MOTHER'S MAIDEN NA	ME	
	MORRIS WOLFE		ESTHER	?	
15. We	o or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	JECOKIII NO.	MR. ISIDOR ROMA	N 408 EQUIT	TABLE BLOG
18		CAUSE	OF DEATH	. 20	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY C	man Heart	+ Denie	ONSET AND DEATH
	LEADING TO DEATH This does not meon the mode of dyi	(A)		A TOTAL	Syap
h	eoil foiluie, osthenio, etc. Il meons the	diseose,	monary Ju	emb.	3 Mass
"	njuly of complication which coused dec	(h.)	Orahetto n	ellitus	Sears
	ANTECEDENT CAUSES	DUE TO			
	DISEASES OR CONDITIONS, if ony, se to the obove couse (A) sto				
	NDERLYING CONDITION last.	and the date of the final of th		***************************************	• • • • • • • • • • • • • • • • • • •
	11				
	OTHER SIGNIFICANT CONDITIONS CON	TO THE NOT	30.4		
V 19		ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	Mone WAS PERFOR	AED		IN CERTIFYING CAL	JSES OF DEATH?
U 2	A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
U	EATH (notify medical examiner)	etc.)			
W	D. TIME (Month) (Doy) (Year) (H		21 F. HOW DID IN.	JURY OCCUR?	
2	APPROX.)	While At Work At Work	le 🗌		
2:	2. I certify that (I) (this hospital) at	tended the deceased fram 2	- 19	1962-10 11-	- 22 1965
11	nat (I) (aue) last saw the deceased a	live on 1/- 2/	19 6 1 and th	hat in (my) (aus) apir	nian death occurred an the date
a	nd haur and fram the couses stated	above. (1) (Ma) (did not)	view the body ofter death.		
23	A. SIGNATUR			200	23 B. DATE SIGNED
	Lean Islu	M.D. Att	lending Med.	Stoff Phys.	11/22/65
23	C. PHYSICIAN'S		23D. ADDRESS	11751	
	DR. LEON	ASHMAN M.D.	5907 GWYN	IN OAK AVENUE	
	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of CR	REMATORY 24D. L	LOCATION (Cit	ly, town, or county) (Stote)
11 .	BURIAL 11/23/65	MOSES MONTIFIO	RE (WOODMOOR HEB	BREW) BALTIN	MORE MARYLAND
25A.		NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
D	EC 2 1965 P.O. A 2	Farlung		& BROS. INC.	6010 REISTERSTOWN RD
V\$ 15	0-REV. 1/1/65		11 11 11 11	3	



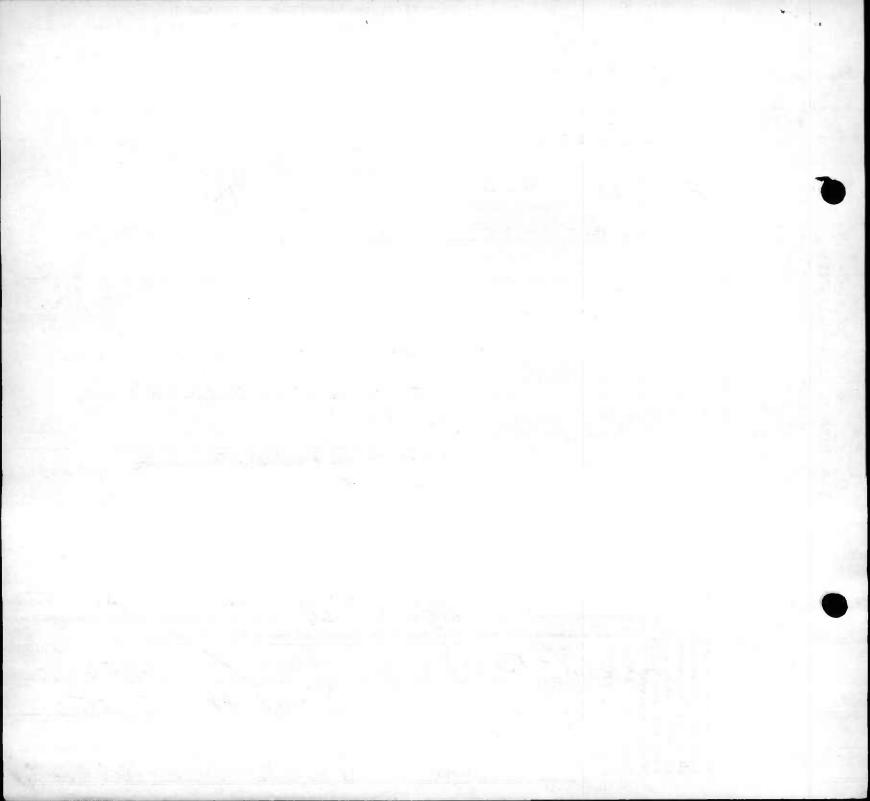
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	FUNERAL DIRECTOR: IMPORTANT	To To	
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		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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		BALTIMORE CIT	TY HEALTH DEPARTMENT		CE ADDRO
BIRTH NO.	65 122	78 CERTIFICA	ATE OF DEATH	Registered Na	65 12278
M.E. CASE NO.	OO THE				
1. NAME OF DECEASED (Type or Print)	SARAH WI	LK		BER 29, 196	
3. PLACE OF DEATH IN	BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (WI	here doceosed lived. If	institution: residence before admission)
	i not in hospitoi or ddress or locotion)	institution, givo stroot		outside city limits, write	RURAL ond give township)
12			BALTIMORE	If rurol, give location)	
5	INAI HOSPI	IAL	3112 SUMTER		
5. SEX 6. RAC FEMALE WH		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION done during most of working I HOUSEWI	fe, even if retired)	OB, KIND OF BUSINESS OR INDUSTI AT HOME	LITHUMIA	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	3 SIMON	777 7707110	14. MOTHERS MAIDEN N HARRIETT		
15. Was Deceased Ever in	U. S. Armed Force		17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes,	givo wor or dotes	of service) SECURITY NO.	MRS. MATILDA E	BERLIN 3112	SUMTER AVENUE
18. 443)	I DIRECT DIRECT		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADI	ONDITION DIRECTOR	Hy En Vensey	tar Thioselmos	Tuc CV.D	isant 3 ryne
(This does not med heart failure, astheni injury ar camplicatio	a, etc. It means th	ie disease,			
ANTECI	DENT CAUSES	(B)		hall distributed het filiafordis dissonate ins en die en des einschande en filiafordi distributed. die dissonat	
DISEASES OR CO	NDITIONS, ii on	DUE TO			
rise la lhe abay UNDERLYING CON		loling the (C)			
ONDEREITING CON	DITION 1031.				
OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION	BUT NOT RELATI		None		
		TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING DEATH (notify modico	CAUSE OF	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exoct locotion)
	(Doy) (Year)	While At Not W		NJURY OCCUR?	
		Work At Wo	rk P		2.07
/)	attended the deceased fram	1965 and	1938 10	3 CV G6 19 65,
that (1) (we) last se		diffe on			pinian death occurred an the date
N N	he causes state	d abave. (I) (We) (did) (did nat)	view/the body after death	1.	
23A. SIGNATURA	W/ 7	1 1 45 4	ttonding Med.	Stoff [23B. DATE SIGNED
- Sum	100	gelen M.D. A	hys. Director	Phys.	NN30,1965
PHYSICIAN'S NAME (Typo)	DR. SAME TO	OMPAKOV M.E	3600 PARK	HEIGHTS AVE	VUE
24A. BURIAL CREMATION REMOVAL (Specify) BURIAL	1, 248. DATE	HAR ZION TIFE			City, town, or county) (State) ARYLAND
DEC 2 196		E HAME OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS C.6010 REISTERSTOWN 1
VS 150-REV, 1/1/65		9 6 6	1 0 Th 2 13 Civ	7	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	
MIRTH NO. 65 12279 CERTIFICATE OF DEATH Registered No	65 1227
1, NAME OF DECEASED (COUNTY) (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)	1940 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deveosed lived. If ins A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street)	titution: rosidence befare admission)
HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside city limits, write Ri	URAL and give lownship)
D. STREET ADDRESS (If rurol, give locotion) Ochamba Coto 725-33	Lake Drive
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours lost bighday) Female White 1. MARRIED 1. MARR	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if relired) April 200 (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	4 011
15. Wos Deceosed Ever in U. S. Armod Forces? (Yes, no or unknown) (If yes, give war or dates of sorvice) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of sorvice) 16. SOCIAL SECURITY NO.	Filelity Blogs.
18. 44 9 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	29 hrs.
ANTECEDENT CAUSES (8) Broncho pullumonia as	no 7 days
DISEASES OR CONDITIONS, if any, giving rise la the abave cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Chronic Orelated arterioscles disease or condition causing it.	was years
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FING CAU	INDINGS CONSIDERED SES OF DEATH?
	City, give exact location)
21D. TIME (Manth) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Wark At Wark	/
22. I certify that (I) (this haspital) attended the deceased fram 9 17 19 56 to thot (I) (we) last saw the deceased alive an 11.26 19.55 and that in(my) (aur) apin	11/26 1965.
and haur and fram the couses stoted abave. (1) (We) (did) (did not) view the body ofter deoth.	23B, DATE SIGNED
M.D. Attending Med. Diroctor Phys.	11/26/65
NAME (Type) DONALD RICE M.D. Sinai dossi	tel batto.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City Surial 1/29/65 Baltimore Hebrew Baltimose,	Maryland (Stote)
DEC 2 1965 P. L. S. S. S. D. S.	ne Gaso Reiterstown



K-325

			BALTIMORE CITY HEAD				CE	19990	
M.E. CASE NO.	12280 MED	ICAL EX	(AMINER'S C	ERTIFICA	TE OF I	DEATH Registe	eredyN3	LCCOU	
1. NAME OF DE	CEASED		VISH 1 1		2. DATE AN	D HOUR PRONOUNC	ED DEAD		
	ANNA RYDZYN					mber 27, 19		5:40	PM.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE		deceosed lived. If ins B. CO	UNTY	ence before odn	mis sion)
FULL NAME OF	(IF NOT IN HOSPITA		JTION, GIVE STREET		yland	e corporate limits, writ	o RURAL on	d aivo township	0)
INSTITUTION					timore		705		
5 Chu	rch Home Hosp	ital		D. STREET ADD	RESS (If rurol,	give location)			
				11		terson Park		e	
female	white	WIDO WED,	NEVER MARRIED DIVORCED(specify) ried	B. DATE OF BIRT		9. AGE (In years last birthday) - 56	Months I	Days Hours	
	UPATION (Give kind of world working life, even if refired)	108. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	in country)	12. CITIZE	N OF T COUNTRY?	
House		Own	Home	Johnst	own, Pe	nna.		.S.A.	
13. FATHER'S NAM	ΛE			14. MOTHER'S N	AIDEN NAM	E			
	(unknown) Weav	er		Unk	nown			
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	Mile		ADDRESS		Av
No				Anthony	J. Rydz	ynski Jr.	112 S.	Patters	son F
1B. , /	The second second	C U	CAUSI	OF DEATH				INTERVAL BET	
4 DISEA	SE OR CONDITION D	BECTLY						ONSET AND	DEATH
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECIET	Arter	iosclerot	ic card	iovascular	dispas	0	
heart failure	not meon the mode of , osthenio, etc. It meons mplication which coused	the diseose, deoth.)	DUE TO						
	OR CONDITIONS, IF A		(B)						ng
RISE TO TH	IE ABOVE CAUSE (A) S'		DUE TO						
	NG CONDITION LAST.		(C)						
2	li li								
OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT RE								
E DISEASE C	R CONDITION CAUSING		" Diabetes	mellitus				******************	
OTHER SIGNATE OF THE DISEASE OF THE	F OPERATION 19B. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
O UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. 'office bldg., INJUR	WHERE DID Y OCCUR?	(If in Boltimore City, g	ive exact lo	cotion)	
21 D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJ	JRY OCCUR?			
(APPROX.)			VHILE AT NOT	WHILE					
22, cer	tify that I held on I		Inspection XX Au		d that on th	is basis, death in	my opinion		121
resu	Ited fram: Natoral ca	uses X A	coldent Spicio	le Hamic	ide	Jndetermined mann	er 🗆		
	1/2/1/	7				AMINER			
ACTUA		SUT	mun M.o	ASSISTANT M				DATE SIGN	1ED
EXAMII NAME (NER'S / Type) Rudiger	Breite	necker, M.D.	ASSOCIATE A	MEDICAL E	XAMINER		11-28-	65
23A, BURIAL CRE REMOVAL (Specif		23	C. NAME OF CEMETERY	OF CREMATORY	23 D. L	OCATION (City	y, town, or c	ounty) (St	itoto)
Burial	Dec.2,1	.965	Baltimore	National	Cem.	Baltimore		Mary1	land
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR		A	DDRESS	
DEC 2	1965 Robert	2. Fa.	See MSD	Wm.C	ook-Bro	oks,Inc.	1217	St. Paul	l St.
VS 151-REV. 1/1				0 8					1

out the last of the tarray (and the continue) The moundation of the last at the entire the Education of the FOR THE BUILDING BUILDING TO BE CONTINUED BY THE PROPERTY OF T . T. W. at the first of the state of the sta Control Court Control and Factor of Control Co

1	65 12281 BALTIMORE CITY HEALTH DEPARTMENT 65 12281 BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	
7-623	M.E. CASE NO.	
	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD	
	SIGBJOERN FARSTAD November 27, 1965 5:40 A 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If in stitution: residence before odm A. STATE 1. OCCUPY	A M.
	Norway // //	13 310117
	FULL NAME OF HOSPITAL OR INSTITUTION. GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
4	South Baltimore General Hospital D. STREET ADDRESS (If rurol, give locosion) Aaroe per Molde 24-02	3
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) Months Doys Hours Months Doys Hours Single July 25,1934 31	4 Hrs. Min.
	TOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Radio Operator Merchant Shipping Hustad, Moere Norway Norway	
	13. FATHER'S NAME Oddvar Farstad Olga Farstad	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service) No 17. INFORMANT Oddvar Farstad Aaroe per Molde, Norwalls	ay
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenic, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	EATH
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Ruptured duodenal ulcer with generalized peritonitis TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS 21A. EXTERNAL CAUSE WAS 121B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg, INJURY OCCURY	
	UTING CAUSE OF DEATH. etc.) street McComas St. west of Key Highway 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 11-15-65 2:00A WHILE AT NOT WHILE AT Pedestrian struck by auto 22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinlan	/ =
	resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGN SIGNATURE EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER 11-27-6	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Sto	
	Cremation Dec.1,1965 Greenmount Crematory Baltimore Marylan 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Wm. Cook-Brooks, Inc. 1217 St. Paul	
	VS 151-REV. 1/1/65	4

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			BALTIMORE CITY	HEALTH DEPART	IMENT		CE 40000
BIRTH NO.	65 127	282	CERTIFICA	TE OF DE	ATH	Registered Na	65 12282
M.E. CASE N			021(11110)			ID HOUR OF DEATH	4
Type or 58	haeffer, Carolin	ne M.				/29/65	4:20 AM M
. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDE	B. COUN	re deceased lived. If	institution: residence before admission)
FULL NAM	ME OF (If not in hospital	or institution	cive elsest	Maryla		Baltimore	
HOSPITAL	OR oddiess or location	1)		C. CITY OR TOW	N (If out	side city limits, write	RURAL and give township)
16	Saint Agnes F					ick Ave.	28 53-00
10	Caton & Wilke	ens Ave		D. STREET ADDR	ESS (If	iurol, give location)	
				6211 F	rederi	ick Ave. 28	3
5. SEX	6. RACE	7. MARRIED	D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	W	Wi	d d	11/20/189)1	74	Total Total
	OCCUPATION (Give kind of work	108, KIND 0	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or forei	gn country)	12. CITIZEN OF
4.2	ost of working life, even if retired) SEKGEPER	11	ME.	1	17)		WHAT COUNTRY?
13. FATHER'S		170	PIE.	14. MOTHER'S M	AIDEN NA	ME	
	0110015	5.44.	2 1140 -			***	
I AN D	QHARLES J.			17. INFORMANT	SONIC	A REIS	
Yes, no or unk	nown) (II yes, give wor or dote	s of service)	SECURITY NO.	2. O	10	1 0 00	ADDRESS
No			-	Buren	cent	2 815 Edm	men are.
18. ly	2011		CAUSE O				INTERVAL BETWEEN ONSET AND DEATH
DI	SEASE OR CONDITION DIR	ECTLY				,	
(This do	LEADING TO DEATH	dvina on	(A) AC	VIE C	ON6E	STIVE HE	ART FAILURE
heart loi	lure, asthenia, etc. Il means	the discose					
injury or	camplication which caused	death.)	20	To my	CAR	01001	NEARACTION
	ANTECEDENT CAUSES		DOE 10		<u> </u>		
	Is OR CONDITIONS, if the above cause (A)						
	YING CONDITION last.	siding the	P (C)	vienne 0000 ann 0000 ao ao 000 ao ao 00			
	П						
O OTHER	SIGNIFICANT CONDITIONS C						.5 500
	E DEATH BUT NOT RELA		HE				
19A. DAT	E OF OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY?	(Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
E 0							
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	21 hor	B. PLACE OF INJURY (e.g., in me, form, foctory, street, of	fice bldg., INJURY	ERE DID OCCUR?	(II in Boltimo	pie City, give exact location)
	notily medical examines	etc	Co)				
OF INJU		(Hour) 21	E. INJURY OCCURRED	21F. HO	M DID INJ	URY OCCUR?	
(APPROX.			hile At Not While	e 🗌			
22 100	rtify that (1) (this hospital			1 4 6	1	106 2 1- 200	V. 29 1963
	(wa) last sow the decease		^ -			of in (my) (our) as	pinlon death accurred on the date
and hou	r and from the couses stat	ed above.	(I)(We) (did) (dld not) v	iew the body aft	er death.		
Z3A. SIGN	VATURE 12 -1		A4 D A No.	adian des Ada		21-12	238. DATE SIGNED
Mel	mes Ki Jallag.	en In	M.D. After	s. Me	ector	Stoff Phys.	11-29-65
23C.PHY	SICIAN'S ME (Type)			23D. ADDRESS			
Dr	Wilmer K. Gal:	lagher	Sr. M.D.	6209 Frede	such &	co. Ball	25 2nd.
24A. BURIAL	CREMATION, 248. DATE	24C. N	NAME OF CEMETERY OF CRE	MATORY	24D. LO	OCATION	City, town, or county) (State)
Beck	AL (Specify)	61	Cathernal	Coulo		Belle	n Trel
25A. DATE R	EC'D BY HEALTH DEPT.	25B. NAME	QF REGISTRAR	25C. FUNERAL	DIRECTOR	ma	ADDRESS
DEC	2 1965 A D_ FT		South A.	1	1	1 /	3
/S 150-REV.	1/1/65	1		1 Agelon	19 14	3 al augh	interesting Colol
						-	11.1.1. 11 11 67

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the U	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.	
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	-	+	S	5	O	5	

	BALTIMORE CIT	TY HEALTH DEPARTMENT		
MRTH NO. 65 122	83 CERTIFICA	ATE OF DEATH	Registered N	65 1.2283
I, NAME OF DECEASED	.00		ND HOUR OF DEAT	Н
(Type or Print) Carrie	M. Butler	Nov	30, 1965	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Who	ere deceased lived. If	institution; residence before odmission
		A. STATE B. COUI	NII	3716
HOSPITAL OR oddress or locatio	or institution, give street		staids aits limits suit	e RURAL and give township)
INSTITUTION				e kokat one give lownship)
O 3005 Rosalin	nd Ave.	D. STREET ADDRESS (IF	re	
Jooy Roberts	na Avos			
SEX 6. RACE	T AAA BRIED AISMER AAA BRIED		salind Ave.	
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
Female White	Widow	Aug. 9, 1873	92	
JA, USUAL OCCUPATION (Give kind of worl one during mast of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Baltimore, Md		Wild County
3. FATHER'S NAME	at notice	14. MOTHER'S MAIDEN NA		
	4 47			
	ton Alexander Jones		Deroche	
5. Was Decoosed Ever in U. S. Armed For (es, no or unknown) (If yes, give war or date	se of service) 16. SOCIAL	17. INFORMANT		ADDRESS
NO	None	Mrs. Carrie B.	Ot.t.o 3005	Rosalind Ave
118. // // 57 / 1		OF DEATH	5000, 5005	INTERVAL BETWEEN
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hearl failure, asthenia, etc. It means	the diseose,	be train Pard	volas. di	teate
injuly at camplication which caused	death.)	ecc v · · · · · ·		
ANTECEDENT CAUSES	DUE TO	Lenza eli man		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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underlying condition lost	slating the (C)			
ONDERCTING CONDITION 10St.				
CTUES SIGNISICANT CONDITIONS (CONTRIBUTING			
OTHER SIGNIFICANT CONDITIONS C	ATED TO THE			
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WAS PER		ZUA. AU OPST! (Tes of IN		E FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF		office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DEATH (natify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
(APPROX.)	While At Not Wi	hile		
TATTROM/	Work At Wor			
22. I certify that (I) (this hospita	l) attended the deceased fram	Det de	19 15 10	DW. 30 1961
that (I) (we) last saw the decease	ed alive an mor			pinian death accurred an the dat
				, and the same of the same
	ted abave. (1) (We) (dld) (did nat)	view the bady after death.		DATE SIGNED
23A. SIGNATURE	S N. 11.	Handing and Adad	\$1-11	23B, DATE SIGNED
Inthus	G. //ledle M.D. A	hys. Med. Director	Stoff Phys.	December 1/65
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)	E: Needle, M.D. M.C	1.275 Dani	Heighta A	270
AA. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of C		c Heights A	
REMOVAL (Specify)				(City, town, or county) (Stote)
Burial 12/2/65	Druid Ridge Ce		esville, Ba	lto. Co. Md.
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	250 FUNERAL DIRECTO	R/	l Park Heights Ave.
DEC 2 1965 (P.O.	8 9 7 6 C	1 les sman	Tennon 461	1 Park Heights Ave.
/S 150-REV. 1/1/65	A NOUBLUMB	10-0 / 7		
W 100 TE TI 17 17 WO				

AND TO THE PARTY OF THE PARTY O

	CLEASED	11:		AND HOUR OF DEAT	
3. PLACE OF	DEATH IN BALTIMORE, M.	MYLLAND : liam Edu	4. USUAL RESIDENCE (W	here deceased lived If	1965 9:15 Institution: residence before admi
			A. STATE B. CO	UNTY	21-00
HOSPITAL O	OR address or lacation	l or institution, give street on)	MARYLAND	auteide city limite wit	te RURAL ond give township)
2 INSTITUTION			BALTIMORE	dorside only minis, with	ie wordt ond give iownsnip!
T				(If rural, give lacation)	
IHE	JOHNS HOPKI	NS HOSPITAL	3422 RAMON	A AVE.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 2 Manths Doys Haurs A
MALE	WHITE	MARRIED	9-24-24	last birthdoy)	Manths Doys Haurs A
toh. USUAL O	CCUPATION (Give kind of wa	rk 108, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or f		12. CITIZEN OF
	t al warking life, even if retired)		Died I e De		WHAT COUNTRY?
Machi 13. FATHER'S N		Westinghouse	Phila. Pa.	I A M F	
JOHN			JENNY FL	ANIGAN	
15. Was Decea (Yes, na ar unkno	sed Ever in U. S. Armed Fo	tes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ves	Army - WW		Jean Courtne	y Creaden, w	rife, above
18.			OF DEATH		INTERVAL BETWEEN
	EASE OR CONDITION D	IRECTLY			ONSET AND DEAT
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injury or	complication which couse	d death.)	1 . 10		-
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Burial 12/3/65 Speddens Seward Cemetery James, Maryland.

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR
DEC 2 1965 P. L. Johnson Schimunek Funeral Home, Inc.
3231 Specims Lane

VS 150-REV. 1/1/65

Note that the particular of 2 FT The TEN CONTROL Cerebraguenter wether, 3000 throndrown of Brotined caretist " 1/24/05 Birtundwill achum year Nov 29, 65 0

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contributing occurred

death

or his assistant if

the chief medical examiner

(4) Undetermined cause; (5) Deceased

attend 0

regular deceased

Was

death

pronounced

who

physician

death); and (6) No physician was

where

(except

at a hospital

deceased prior to

was D.O.A.

o the hospital

the body was released t

shows: (1) An accident This certificate must

approved by

any nature;

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prior

IMPORTANT FUNERAL DIRECTOR:

BIRTH NO. 5 00	65 122	25	HEALTH DEPARTMENT	Registered No.	65 12285
1. NAME OF DECEASE (Type or Print)	KAINE, Hel	en Marie	2. DATE A	11/29/65	4:00 A.
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitot or institue oddress or locolion) Baltimore City 4940 Eastern A Baltimore, Mar	Hospitals venue	MARYLAND C. CITY OR TOWN (IF C	outside city limits, write	RURAL and give township)
5. SEX 6. RA		RIED, NEVER MARRIED OVED, DIVORCED (specify) MATTIED	8. DATE OF BIRTH 7/17/93	9. AGE (In years last bighday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATI dane during most of workin Housewa	g life, even if retired)	D OF BUSTNESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	John Mask		14. MOTHERS MAIDEN N		
	in U. S. Armed Forces? es, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BCH	4940 Easter	ADDRESS on Ave.Balto.Md.

or final disposition is made. 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, to the obove cause (A) stoting the written approval must be obtained before the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (It in Boltimore City, give exact location) etc.)

MEDICAL DEATH (notily medical examiner) 10 (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work

22. I certify that (1) (this hospital) attended the deceased from Dov 16, 1965 that (1) (we) last saw the deceased alive an and that in (my) (aur) opinion death accurred on the date

causes stated above. (1) (We) (did) (did not) view the hady after death

und	11001	ulla	110111	1110		310.00	000	1.1	(10) (010)	(414	11017	41011	1110	bouy	01101	dedin
23A.	SIGN	ATUI	RE		1	(1									

Stephen	- Fregg		ttending	Med. Director	Statt Phys.	23B.	ov. 29,	196
23 C. PHYSICIAN'S NAME (Type)		= 110	23D. ADDRESS		0	1.3	. 10	

Stephen Gregg 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

Parkwood Cemetery
258. NAME OF REGISTRAR Burial

John 6. Miller Inc. 6415 Belair Road-21206

VS 150-REV. 1/1/65

-Atmosph

Con the inc Wil remission of the

VS 150-REV. 1/1/65

Charely Home & Hospital Fror Contro Aux P Con Mar 8 1811 77 W. Bolton IV Mouse my for Lieuria A.A. Christopher Commy Educa Commy From the inella Vience Con 1 miles Jagustin Onerman Wood NOWELL par. 27 61 100 27 Herrin E Mission Charle How of they to I John & Freder has

If Under 24 His. Lifford (. Bruck - 300 Ridgemede Road 21210 ONSET AND DEATH ...and that in (my) (ove) apinion death occurred on the date of eath) hospital and hour and from the causes stated above. (1) (We) (did not) view the body after death. the body was released shows: (1) An accident 23A. SION ATURE 238 DATE SIGNED approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at M.D. was D.O.A. deceased g 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY (City, town, or county) REMOVAL (Specify) 25B. NAME OF REGISTRAR . 25C. FUNERAL DIRECTOR John C. Miller Inc. -6415 Belair Road - 21206 Α. = 10-51 e lenders ladin in 15 (2 to 12 to 12

of him and the second of the s

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIMORE CITY	HEALTH DEPARTMENT		5 40000
BIRT	th No. 65 12	2288	CERTIFICA	TE OF DEATH	Registered No.	5 12288
7 N	E CASE NO.		GERTIN TON		HOUR OF DEATH	
(Ту	pe or Printi VAUGHN A	DA	LEE		0-65	1145
	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission)
	SILL NAME OF A STATE ASSESSED.	an immeleusia	and about	Maryland B. COUNTY	Har Good	
- 1	FULL NAME OF (If not in hospital HOSPITAL OR oddiess or location INSTITUTION		dive sueet	C. CITY OR TOWN (II outside	de city limits, write I	RURAL and give township)
-	7			BEI Air		62-32
1	MERCY HO	SPITA	4	_	rol, give location)	
				35 WEST GO	Lyange nope	
5. 5	SEX 6. RACE		D, DIVORCED (specify)	lo	AGE (In years st birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
	FW	Work		- manda 1 . 1		
	 USUAL OCCUPATION (Give kind of working during most of working life, even if retired) 	IOB, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Hems	emaker	Virginia		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME	Ε	
	William E. 1	weeks		LAURA T	ינות וחושה	
5.	Was Deceased Ever in U. S. Armed For s,no or unknown) (If yes, give war or date	ces?	1 6. SOCIAL	17. INFORMANT Husbrad	(838-3760	ADDRESS
, 1 6:	NO	es of service)	SECURITY NO. 215-40-0238	Mr. Charles C. Va		35 W. Gordon Sh
_	18. 420 / 1		CAUSE O		3	THE HIM Md. 21014
	DISEASE OR CONDITION DI	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) U	entreular -	Ti brillatu	on 10 miante
	(This does not mean the made of heart failure, asthenio, etc. It means		DUE TO	#####################################	1000 00 00 00 00 00 00 00 00 00 00 00 00	
	injury or complication which coused		4	Bruss 11	0 , 1	· 1 2
	ANTECEDENT CAUSES		(B)	myscendial	avjon ex	m recens
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	rise to the obove couse (A) UNDERLYING CONDITION tast.	slaling the	(C) (C)	in survey con	di à Vinent	and a recorded
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NO	OTHER SIGNIFICANT CONDITIONS		G B	12 1-1	1-1-1	e of Emmons.
ATIO	DISEASE OR CONDITION CAUSING	IT.	e chience	Conjertice her	4	
IFIC	19A. DATE OF OPERATION 19B. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
ERTIF	21A. ACCIDENT WAS UNDERLYING	23.0	DI ACE OF INITION	NO ,		
AL C	OR CONTRIBUTING CAUSE OF	hon	ne, form, loctory, street, of	fice bldg., INJURY OCCUR?	(If in Boilimare	: City, give exact location)
DIC	21D. TIME (Month) (Day) (Year)	(Haus) 21F	INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUP?	
ME	OF INJURY (APPROX.)		nile AI Not While		TOCCOR.	
		Wo	ork			
	22. I certify that (I) (this hospito	l) ottended t	he deceased from	-24- 19	65 to 11-	30- 1965
	that (I) (we) lost sow the decease	ed olive on	11-30-	19 65 ond that	in (my) (out) opin	nion deoth occurred on the date
	and hour and from the causes sto	ted obove. (1) (We) (did) (didenot) v	iew the body ofter deoth.		
	23A. SIGNATURE	10				23B, DATE SIGNED
	Markatae	holas	M.D. Atte	nding Med. St Director Pi	hy s.	11-30-65
	23C-PHYSICIAN'S NAME (Type)		1	23 D. ADDRESS		
	B. VENKATACH	YALA	M' , M.D.	RESIDENT, ME	RCY HOSF	PITAL Balt 17d
244	BURIAL CREMATION, 248, DATE		AME of CEMETERY or CRE	MATORY 24D. LOC	CATION (C)	ty, town, or county) (State)
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25A	A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR	The Interest	ADDRESS ADDRESS
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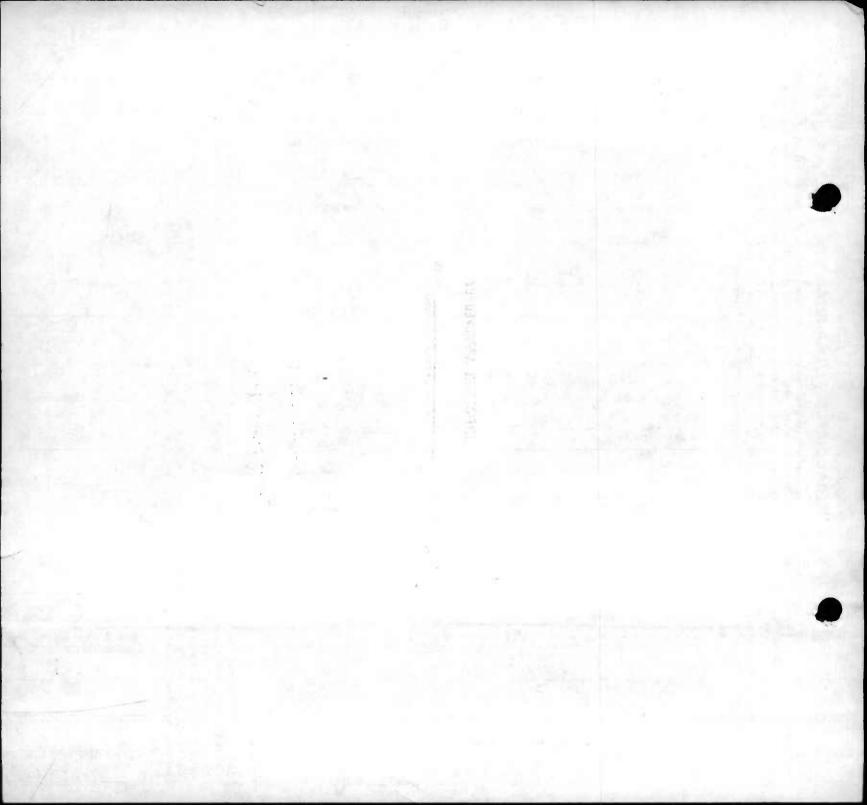
BALTIMORE CITY HEALTH DEPARTMENT 65 12289 Registered No CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 40 (Type or Print) 11-30-65 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF oddress or location) HOSPITAL OR write RURAL and give township OR TOWN outside city INSTITUTION D. STREET ADDRESS made. If Under 24 Hrs. 9. AGE (In If Under 1 Yr. Months: Doys 6. RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX Hours WIDOWED, DIVORCED (specify) lost birthda 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA or foreign country! 12, CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME ROEMIN T ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 17 CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH balme (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving the obove couse (A) stoting the (C) remains UNDERLYING CONDITION losf. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, fice bldg., INJURY OCCUR? Ü 214. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner MEDI obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work 22. I certify that (1)(this hospital) attended the deceased from 11-30 5 NOIT that ((we) lost saw the deceased alive on 11-30 430/cm 19 65 ond that in (my) (our) opinion death occurred on the date 99 and hour and from the couses stated above. (W) (We) (did) (did not) view the bady ofter death. must 23B, DATE SIGNED 23A, SIGNATURE Attending Phys. M.D. Med. Stoff Director Phys. approval 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS NOTUO 24A. BURIAL EREMATION, 24B. DAY 24C, NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, town, or county) Here 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT ADDRESS 25. FUNERAL-DIRECTOR VS 150-REV. 1/1/65

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death IMPORTANT FUNERAL DIRECTOR:

627 p.m. lence before odmyssion) ve township) If Under 24 Hrs. Hours Min. OF COUNTRY? DRESS TERVAL BETWEEN NSIDERED xoct location) 19 occurred an the date SIGNED (Stote) ounty) Md
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	FULL NAME	OF (If nal in hospi oddress or loca	otion)	n, give sheet	C. CITY OR		utside city limits, wri	ite RURAL o
-	INSTITUTION	11			R	CTIMORE		
25		UNIVERS	SITY		D. STREET		rusol, give location)	
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VS 150-REV. 1/1/65

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ME OF (If not in hospital of oddress or location	or institution,	give sheet	4. USUAL RESIDENCE (WA. STATE B. CO	There deceased lived. If inst	1-04
	O:				ukhi ga∃tya min
6. RACE	WIDOWED	, PIVORCED (specify)	B. DATE OF BIRTH April 23 1914	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
OCCUPATION (Give kind of work astropwarking life, even if retired) Uffer	City	BUSINESS OR INDUSTRY	Penna.	areign country)	12. CITIZEN OF WHAT COUNTRY?
Joseph Smit	hers		14. MOTHER'S MAIDEN	NAME	
eosed Ever in U. S. Armed Farknawn) (If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO. 172 01 5707	Mrs. Jane Smi	thera 421 S Vii	ADDRESS
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TE OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CIDENT WAS UNDERLYING TRIBUTING CAUSE OF	ham	e, form, factory, street, c	in or obout 21C, WHERE DID office bldg., INJURY OCCUR	(If in Baltimore	City, give exact location)
AE (Manth) (Day) (Year) JRY L)	Wh	ile At 🖂 Not Whi	le 🗀	NJURY OCCUR?	7-
(we) last saw the decease	d alive an	1/m. 2	/		lan death accurred an the da
NATURE - CUM	red aboves (I	marsal	ending Med.	Staff Phys.	23B. DATE SIGNED PA Dec. 1, 1965
SICIANS ME (Type) HENR	4 ARI	MAKAS M.D.	1934 WIL	Kens Hre-B	xet/more 23, Md
CREMATION, 24B. DATE (Specify) 12-4-1					Raltinore, Md.
2 1965 (P.O)	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECT	TO R	ADDRESS
	DECEASED Lugen Lu	DECEASED Lugene F, Sm. DEATH IN BALTIMORE, MARYLAND ME OF Of oddress or location) Franklin Square OCCUPATION (Give kind of work lob. KIND OF city NAME OCCUPATION (Give kind of work lob. KIND OF city NAME Joseph Smithers Bosed Ever in U. S. Armed Forces? INDEASE OR CONDITION DIRECTLY LEADING TO DEATH Des not mean the made of dying, e.g., reamplication which caused death,) ANTECEDENT CAUSES ES OR CONDITIONS, if any, giving the abave cause (A) stating the LYING CONDITION last. IISIGNIFICANT CONDITIONS CONTRIBUTION LYING CONDITION CAUSING IT. SIGNIFICANT CONDITIONS CONTRIBUTION LEDEATH BUT NOT RELATED TO THE OR CONDITION CAUSING IT. THE OF OPERATION 198. CONDITION FOR WAS PERFORMED CIDENT WAS UNDERLYING 198. CONDITION FOR WAS PERFORM	CERTIFICA DECEASED Eugene F, Smithers DEATH IN BALTIMORE, MARYLAND ME OF (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location of service) Franklin Square Hospital 6. RACE (If not in haspital or institution, give sheet oddress or location of service) Franklin Square Hospital 6. RACE (If not in haspital or location of service) Franklin Square Hospital 6. RACE (If not in haspital or location of service) Franklin Square Hospital 6. RACE (If not in haspital or location of service) Franklin Square Hospital 6. SOCIAL SECURITY NO. 72 Of S707 CAUSE (If not in haspital or location of service) Franklin Square Hospital 6. SOCIAL SECURITY NO. 72 Of S707 CAUSE (If not in haspital or location of service) Franklin Square Hospital 7. MARRIED, Never Adams or location of service or location of	DECEASED SEQUENT F, Smithers A, USUAL RESIDENCE IV. A, STATE B, CO. OR Oddress or location) Franklin Square Hospital D. STREET ADDRESS 421 S. Vin MADDWED, PIVORCED (specify) MADDWED, DIVORCED (specify) MADDWED, DIVO	CERTIFICATE OF DEATH Registered No. DECEASED Cugene F, Smithers DEATH IN SALTIMORE MARILAND ME OF OR OR OR OR OR OR OR OR OR

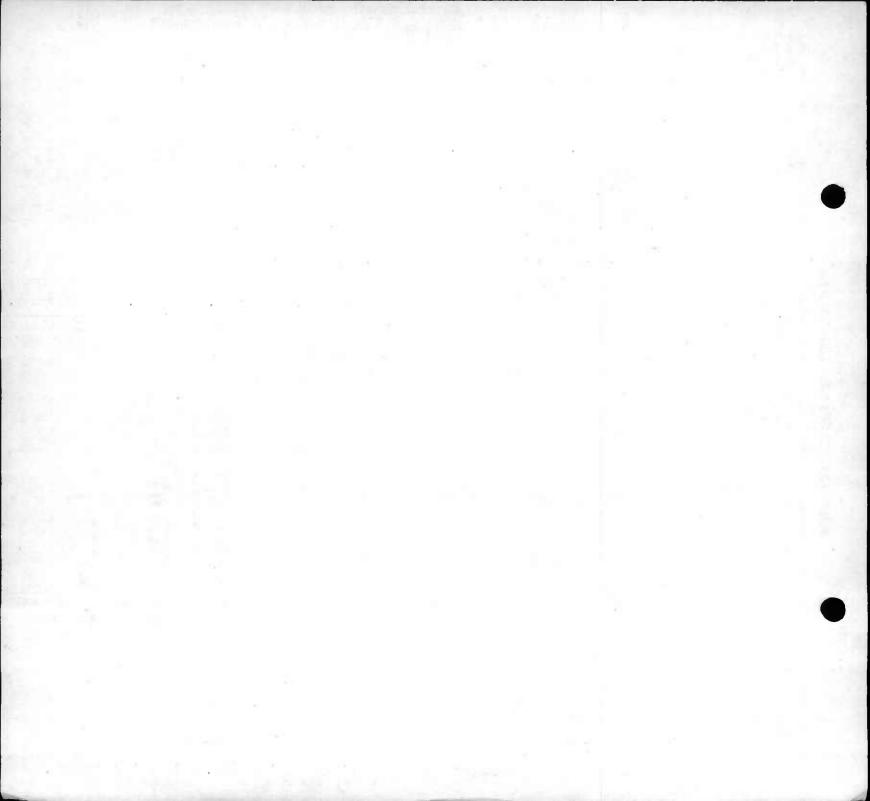
32 September 2 (2) June Los 187) joseph Smithers no no 172 Of St. John Saldston 12f St. Land L.C.

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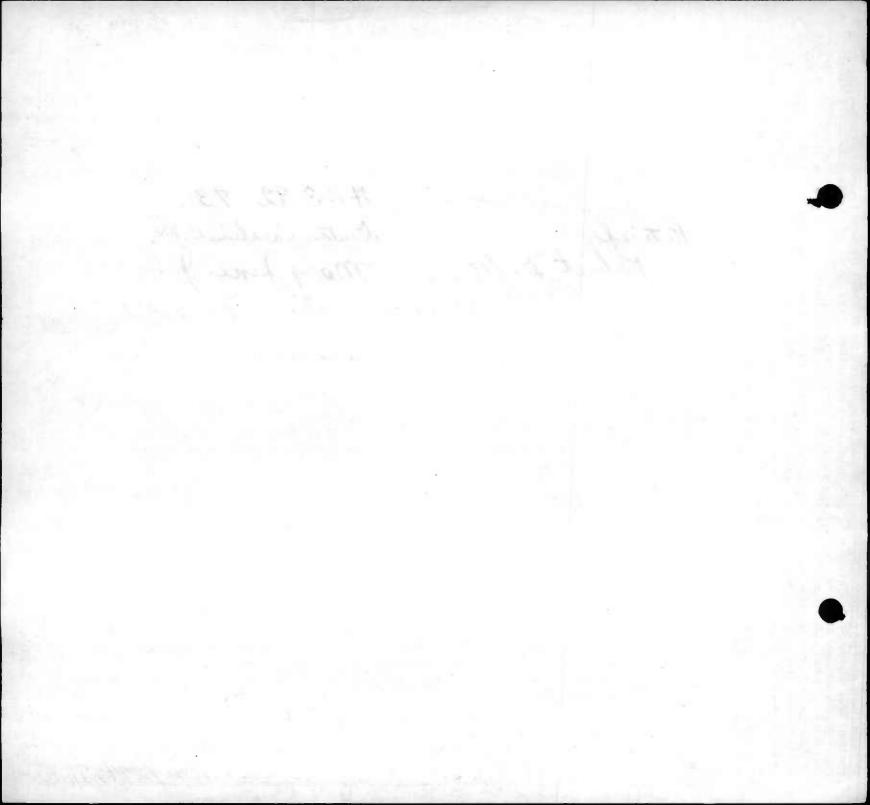
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FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

RI R1	H NO. 65 1	2282	TE OF DEATH	Registered No.	65 12292	
M.1	CASE NO.	ELTN B. MOULDS	2. DATE AN	ND HOUR OF DEATH		
	PLAD			nber 30, 196	141	
	FULL NAME OF (If not in hospital of oddress or location) NSTITUTION	r institution, givo streat	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city fimits, write RURAL and give township)			
C	1614 E. Be	lvedere Ave.	D. STREET ADDRESS (IF		/enue	
5. S	ex 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH May 9, 1896	9. AGE (In yeors tost birthdoy) 69	If Under 1 Ys. If Under 24 His. Manths Days Hours Min.	
	USUAL OCCUPATION (Give kind of work e during most of working life, even if refired) Housewife	Own Home	11. BIRTHPLACE (Stote or foro Baltimore, Mar		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHERS NAME William Wr	ight	Barbara Dit			
15. (Ye	Was Deceased Ever in U. S. Armed Farc s, na arunknawn) (II yas, give war ar dates NO	es? 16. SOCIAL SECURITY NO.	17. INFORMANT Edward L. Mou.	lds Sr. 16	Address 514 E. Belvedere Ave	
	18. I DISEASE OR CONDITION DIRI LEADING TO DEATH	CAUSE O	SAIDICLEASTIC (7 ALTIOUASCU	INTERVAL BETWEEN ONSET AND DEATH	
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the obove cause (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING II	Stating the (C)				
ERTIFICA	19A. DATE OF OPERATION 198. CONE	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (0.9., in home, faim, foctory, street, of etc.)	or obout 21C. WHERE DID ince bidg., INJURY OCCUR?	(If in Boltimo	ra City, give exact location)	
MEDI	21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not While Work No Wark	21F. HOW DID IN.	JURY OCCUR?	50	
	22. I certify that (1)(this hospital) that (1)(we) last saw the decease	11 7			inlan death accurred on the date	
	and hour and from the couses state 23A. SIGNATURE 26C. PHYSICIAN'S MAME (Type)	M.D. Atte	ending Med.	Stoff Phys. LADE LIHIT	12/165 RD 21206	
24/	A BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CRI			city, town, ar county) (Stata)	
25/	Burial 12-4-196 A DATE REC'D BY HEALTH DEPT. DEC 2 1965 OR Pr. Fr	Oak Lawn 258. Name of REGISTRAR 2. Trumping	Bal 25C. FUNERAL DIRECTO Lilly & Zeil	R	ty, Maryland ADDRESS 901 Eastern Ave.	
VS	150-REV. 1/1/65		0 0	Q		



BALTIMORE CITY HEALTH DEPARTMENT	1100 7 (
BIRTH NO. 65 12293 CERTIFICATE OF DEATH Register 5 No. 1276	13 26
1. NAME OF DECEASED	· C. ID >
3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution:	residence before odmissian)
FULL NAME OF (If not in haspital or institution, give street)	5-11
HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL on	nd give township)
D. STREET ADDRESS (If rural, give focation)	10.
5. SEX 16. RACE 17. MARRIED B. DATE OF BIRTH 19. AGE (In years If Under	deve.
Months Negro Widowed, Divorced (specify) H/28/92 ost birthdoy Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	TIZEN OF HAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	The state of the s
Robert D. acree mary Jane John.	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown)(If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS / 1
NO 213-01-1950 Molle C. Dorsey 333;	Malfield and
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., DUE TO	Ŋ
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoling the	
UNDERLYING CONDITION lost.	\$ 000 DD0 TV
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CONCEDED THE DESEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Baltimare City, girls) 21B. PLAC	ve exact lacotion)
DEATH (notify medical examiner) etc.)	
OF INJURY While At Not While	
22. I certify that (1) (this hospital) attended the deceased from \$1127/63 4 19 to 11/27/63	5/010
that (1) (we) last saw the deceased alive an	ath accurred on the date
and have and from the causes stated abave (1) (We) (did) (did not) view the body after death.	
23A SIGNATURE 23B, DA	TE SIGNED
M.D. Attending Med. Stoff Director Phys.	1/27/65
23C. PHYSICIANS NAME (Fype) AN FCI PID LIFUINI M.D. 23D. ADDRESS	100
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Cry, town,	ar county) (Stote)
Buris 0, 12/2/65 mt. Caluary ann aryndel	. Co. mx.
DEC 2 1965 DO B-Q LO DE COLOR DE CONTROL DE	ADDRESS
VS 150-REV. 1/1/65 US 150-REV. 1/1/65 US 150-REV. 1/1/65	1 L/11. Monde

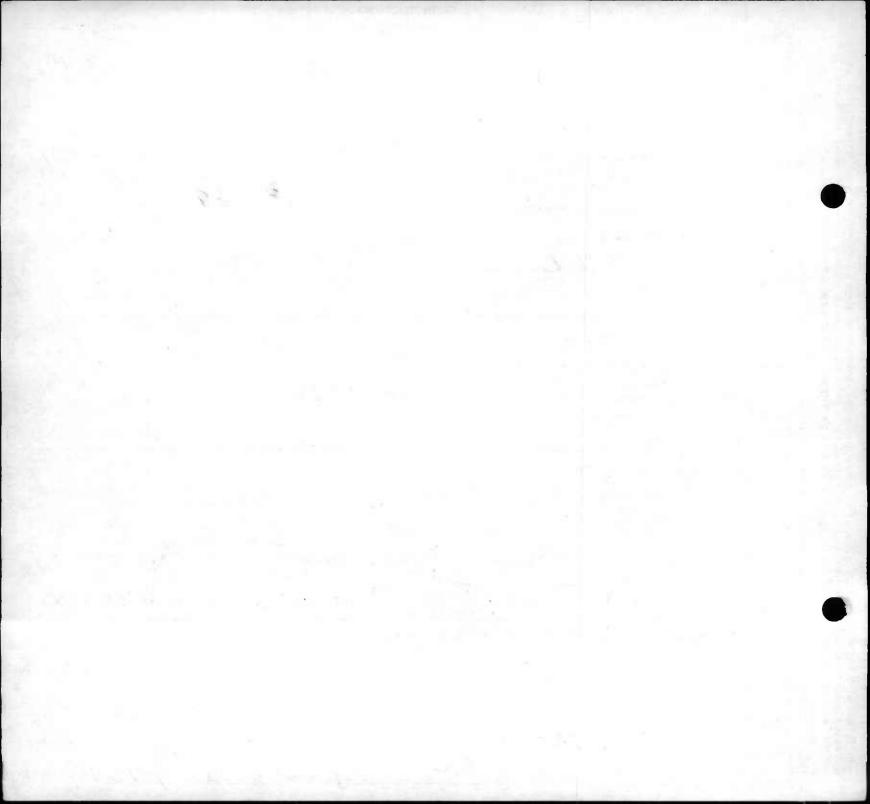


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	65	1229	4		BALTIMORE CITY H	HEALTH DEP	ARTMENT		65	19294
BIRTH			MEDI	CAL EX	(AMINER'S	CERTIF	ICATE OF I	EATH Register	ed No.	
-	CASE NO.									
Type	or Print	EASED						HOUR PRONOUNCE	DEAD	2 22
POLL HOSPI	ERTI	FICA	LAND, WH	L OR INSTITU	GRAY FNDEL JINON, GIVE STREET 1-25-66	Ma	AL RESIDENCE (Where TE ary land	29-65 deceased lived. If institute B. COUN		
6		LUTHER	RAN HO	SPITAL	- DOA		altimore EET ADDRESS (If rurol,	give location)	5	06
9.	JANEAU.						523 Ashburto	n Street 21	216	
5. SEX	male	Colore			NEVER MARRIED DIVORCED (specify)	8. DATE	OF BIRTH	9. AGE (In years lost birthday) 40 ?		Yr. If Under 24 Hrs. Dys Hours Min.
				IOB. KIND OF	BUSINESS OR INDU	JSTRY 11. BIRT	-17-1925 PRACE (State or foreig		12. CITIZEN	
	THER'S NAM	uu	if refired)		<i>x</i> /	14. MO	THER'S MAIDEN NAM	ralina	WHAT	COUNTRY?
	AS DECEASED				16. SO CIAL SECURITY NO.	17. INFC	PRMANT TO	ege .	ADDRESS	201
					216-42.51	14201	lee Gray	1623 (le	Khus	etar St.
18	34	7.3			CA	USE OF DE	ATH	74000		ITERVAL BETWEEN
	DISEAS	E OR CONE	ITION DIR	ECTLY		Acut	e Meningitis		ľ	NSEI AND DEATH
	he ort foilure.	LEADING T of meon the osthenio, etc. plication which	mode of	the diseose,	(A)DUE TO	Fat	ty-liver-			
NO	DISEASES O	NTECENDEN OR CONDITION ABOVE CAL G CONDITION	ONS, IF A	Y, GIVING	(B)					
ERTIFICATION		II IFICANT CO DEATH BUT								
E		CONDITION	CAUSING	IT.	***************************************	1004	ALITOPONO (V. N.)	DOD IF WELL WERE PLAN	DINGS 600	LCIDERED
	2		WAS PERF	ORMED	WHICH OPERATION		Yes	20B. IF YES, WERE FIN IN CERTIFYING CAUSE Yes	S OF DEAT	H?
EDIC	NDERLYING TING CAUS	OR CONTRIB	_	home etc.)	, form, foctory, stre	e.g., in oi obc	g., INJURY OCCUR?	If in Boltimore City, give	e exoct loco	tion)
0	FINJURY APPROX.)	(Month) (D	oy) (Year)	,	WHILE AT A	NOT WHILE	21F. HOW DID INJU	RY OCCUR?		
2	2.	f., al. a 1 l. a	11			Autopsy]	and the same to an		
		ed from: , N				icide		s bosis, death in my		
	result	ed from: N	i i	SesA	Accident Su		HIEF MEDICAL EX	Indetermined manner		
	ACTUAL		1 h	14	ell		TANT MEDICAL EX			DATE SIGNED
	EXAMINI NAME (T	ype)]	PETER	W. RIEC	KERT, M.D.		CIATE MEDICAL EX			11-29-65
	BURIAL CREA OXAL (Specify)		DATE	165 23	C. NAME OF CEMET	ERY OF GREAT	ATORY 23D. L.	OCATION (City,	town, or cou	nty) (Stote)
24A.	DATE REC'D	BY HEALTH	DEPT.	24B. NAME	OF REGISTRAR	241	FUNERAL DIRECTOR	1 arion	AD	DRESS
V6. 1	DEC	2 1965	000	F. 3-8	allema	· le	Renefors	8 Shelliger	1271	Mourse St
A 2 1;	51-REV. 1/1/6	3			450					17

Letter from M.E.'s office 1-25-66 M.H.

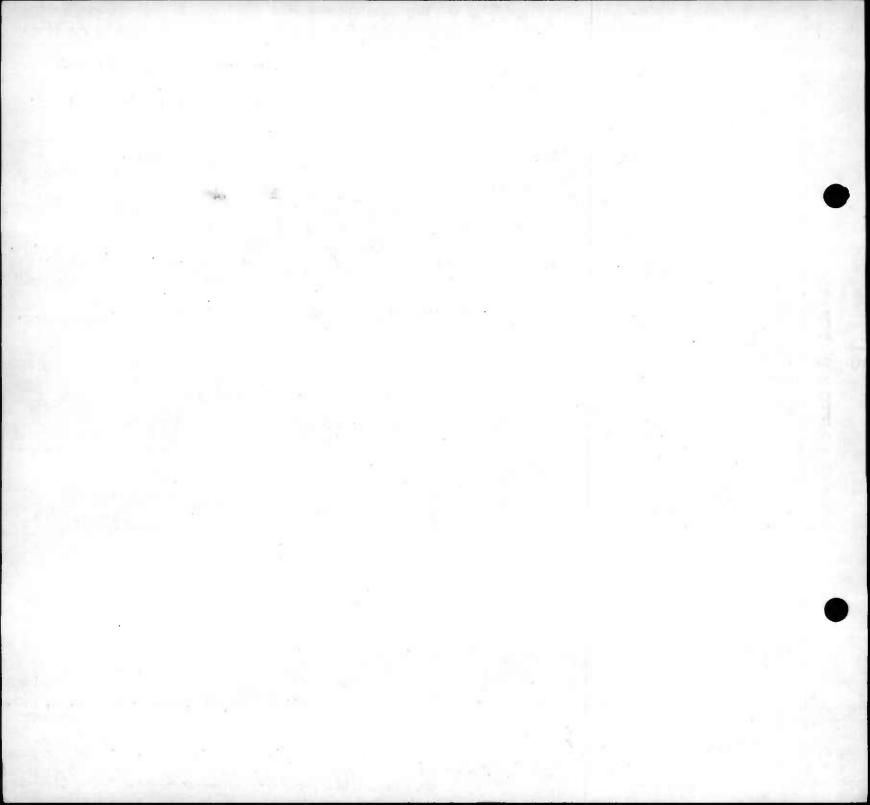
	05 10005	BALTIMORE CIT	Y HEALTH DEPARTMENT		
	BIRTH NO. 65 12295 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	1.2295
	1. NAME OF DECEASED Wille Sa	rfield	11 -	D HOUR OF DEATH	8 P M
	FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION WAS	A4	Md B. COUN	altimore run.	AL and give tawnship)
4	BALTI MORE			ural, give location) U. Lexing	tonst #17
шаа		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In veors SI/If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
tion is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store of fore	ign country?	2. CITIZEN OF WHAT COUNTRY? US A
disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	2 Untur	in
finald	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	, Uble 15:	356 Carriage G
are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	(A) AC	OF DEATH	al inforct	INTERVAL BETWEEN ONSET AND DEATH
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	e, form, foctory, street, o	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exect locotion)
ained	OF INJURY Whi	INJURY OCCURRED Not White At Work		URY OCCUR?	
be obt	22. I certify that (I) (this hospital) ottended the thot (I) (we) lost sow the deceased alive on	11-26-65		tototo	n death occurred on the date
approval must	ond hour ond from the couses stoted obave. () 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	0	tending Med.		8. DATE SIGNED
written app	PENDVAL (Specify) Surel 2/1/65 (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	LILLERY OF CEMETERY OF CEMETERS M		ocation (City, external	own, or county) (Stote) ADDRESS
\$	DEC 2 1965 R. Que, B. E. F.	Lastey M.M	weight	1. Fally	1/2) 11 . Maria



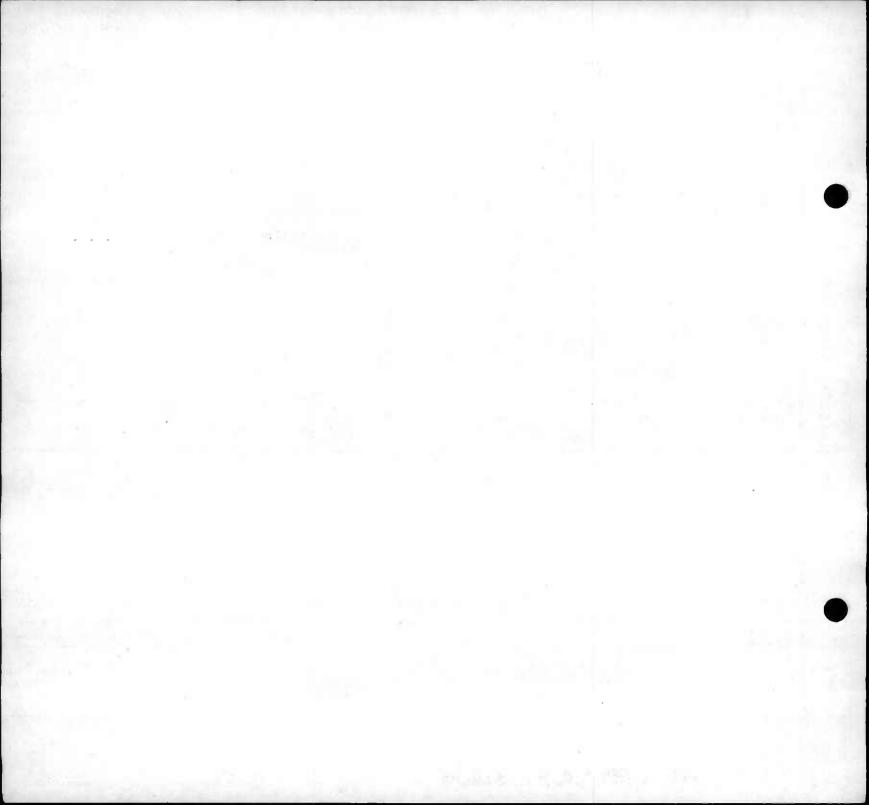
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

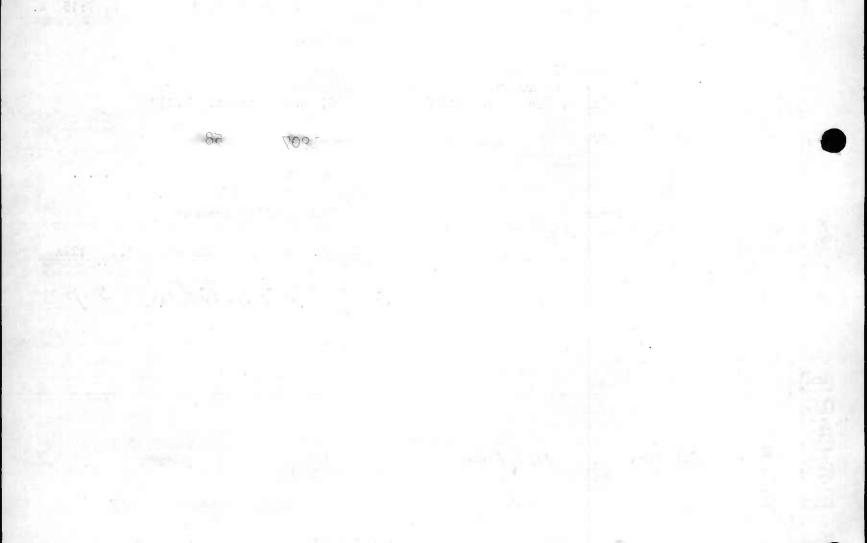
Type or Print)			HOUR OF DEATH	
Elvira Ch			28-65	7:45AM
Provident Hos		4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceosed lived. If in	stitution: residence befare admission
	or institution, give street		Avenue,	Baltimore, Md.
HOSPITAL OR oddress or locolic	on)	C. CITY OR TOWN (If outside	le city limits, write	RURAL and give township)
/		Baltimore		3-7-3
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1	D. STREET ADDRESS	ol, give location)	
Provident Hospit	al	2214 Call	au a	ul.
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs Months! Doys Hours Min.
Female Negro	Married	10-13-1891	74	Williams Doys Hoors Ivani,
A, USUAL OCCUPATION (Give kind of wor	k 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF
ne during most of working life, even if retired). AOUSEWIFE	None	Virginia		WHAT COUNTRY?
FATHER'S NAME	1	14. MOTHERS MAIDEN NAME		
7/2	l'anic		m	
Henry 1	illes	xarah "	Hallke	cus
. Was Deceased Ever in U.S. Armed Fo	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	214-14-0758	Elmelia Leur	is 2,2	14 (allaman
18. 420.01		F DEATH	00.00	INTERVAL BETWEEN
DISEASE OR CONDITION DE				ONSET AND DEATH
LEADING TO DEATH	(A) ASI	HD		
(This does not mean the made of heart failure, asthenia, etc. It means		(대한 변환 경우) 최대 선생님은 최대는 Annual Na 4000 N H 및 및 등 및 및 MANAS (대한 전기 전 400 N H H H H H H H H H H H H H H H H H H		
injury ar camplication which caused	death.)		Fed lumo	
ANTECEDENT CAUSES	(B) COI	ngestive Heart	ratiure	
	DOE			
DISEASES OR CONDITIONS, if	any, giving	Annual An		
rise to the above cause (A)		vere Anemia		
		vere Anemia		
rise la lhe abave cause (A) UNDERLYING CONDITION last,	slating the (C) SET	vere Anemia		
rise la lhe abave cause (A) UNDERLYING CONDITION last,	CONTRIBUTING	vere Anemia		
TISE IN THE OBOVE COUSE (A) UNDERLYING CONDITION INS. OTHER SIGNIFICANT CONDITIONS (IN THE DEATH BUT NOT RELEVANCE OF CONDITION CAUSING 19 A. DATE OF OFFRATION 1198. CONDITION 1198. CONDITI	CONTRIBUTING ATED TO THE		20R. IE VEC. WEDE	FINDINGS CONSIDERED
orise to the above cause (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	CONTRIBUTING ATED TO THE	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
TISE IN THE OBOVE COUSE (A) UNDERLYING CONDITION INS. OTHER SIGNIFICANT CONDITIONS (IN THE DEATH BUT NOT RELEVANCE OF CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONWAS PER	CONTRIBUTING ATED TO THE IT. NOTITION FOR WHICH OPERATION FORMED	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	USES OF DEATH?
TISE ID THE OBOVE COUSE (A) UNDERLYING CONDITION IDST. OTHER SIGNIFICANT CONDITIONS (INC.) TO THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION NONE 21A. ACCIDENT WAS UNDERLYING	CONTRIBUTING ATED TO THE IT. NOITION FOR WHICH OPERATION REFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c	20A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? G City, give exact location)
TISE IN THE OBOVE COUSE (A) UNDERLYING CONDITION IN INTERPRETATION OF THE DEATH BUT NOT RELEDISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 19B. CONWAS PER NOTE 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION FORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	20A. AUTOPSY? (Yes or No) NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	USES OF DEATH?
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	07 4000	BALTIMORE CITY	HEALTH DEPARTMENT		10000
	гн NO. 65 1229°	CERTIFICA	TE OF DEATH	Registered No	55 12297
	E. CASE NO.		2. DATE A	ND HOUR OF DEAT	TH
	Lucille McBrid				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceosed fived. If	11:25 AM.
			A. STATE B. COU	NTY	11.1
	FULL NAME OF (If not in hospital or instit	ution, give street	Maryland		16-0/
	Provident Hos	ni +n]		uiside city limits, will	e RURAL and give township)
2	1511 Division		Baltimore D. STREET ADDRESS (III	f rurol, give location)	
2	/				
5. 9	Baltimore, Ma	RRIED, NEVER MARRIED	911 Carroltor	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
F	emale Negro	OOWED, DIVORCED (specify)		lost birthdoyl	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KI) during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	aundry Worker		South Carolina	a	U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NA		UDDE
	MORRIS ROBINSON	,	IDA FOCIN	Sonl	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dotes of se	rvice) CECHBITY NO		27.	
	NO	220-01-6503.		5000 0/2	
	18. 199 2 1	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		1 1-11	1 12.00	A .
	(This does not mean the mode of dying,	e.g., DUE TO	per astall	e arce	noma
	heart foilure, asthenio, etc. It means the dis	seose,	1		
	injuly or complication which coused death.	190	Let astation		
	ANTECEDENT CAUSES	DUE TO		\$_	
	DISEASES OR CONDITIONS, if ony,		(lact.	10	
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	11				
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ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ON CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltim	nore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	ice bidg., INJURT OCCUR!		
EDIC	21D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
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	(APPROX.)	Work At Work			Control of the Contro
	22. I certify that (I) (this hospital) atter	ded the deceased from NOV	ember 29,	19 .65 to Nov.	ember 30, 19 65,
	that (I) (we) lost saw the deceased alive	on November 30.	19.65 ond t	hat In (my) (aur) a	pinion death accurred an the date
	and hour and from the causes stated abo				
	23A. SIGNATURE				23B, DATE SIGNED
	0-1700-1	M.D. Atte	nding Med.	Stoff Phys.	November 30, 1965
	23C. PHYSICIAN'S	Phys	23D. ADDRESS	Phys.	November 30, 1903
	NAME (Type) Dr. Roger The	done	1514 Division	Street	
		771127			
244	OREMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	0 4-0		(City, town, or county) (State)
1	June 12/4/05	arhenters me	WIR B	acto di 7 %	38 D Cicmon St
25/	L. DATE REC'D BY HEALTH DEPT. 25B, N.	AME OF REGISTRAR	25C. FUNERAL DIRECTO	IR ,	ADDRESS
A	DEC 2 1965 10 0 1- 1	Fally MA	marshare	polynyn 6	38 N Cumor St
VS	150-REV. 1/1/65	NO PER NO	#-0 X #-	U /	



V\$ 150-REV. 1/1/65



the chief medical examiner

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the body was released to the hospital

VS 150-REV. 1/1/65

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assistant if

BALTIMORE CITY HEALTH DEPARTMENT 65 12299 Registered No. pital and of death BIRTH NO. CERTIFICATE OF DEATH on the M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) M. 11-30-65 homes eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) ance A. STATE (4) Undetermined cause; (5) (II not in hospital or institution, give street FULL NAME OF 0 HOSPITAL OR oddress or location) C. CITY OR TOWN Ilf outside city limits, write RURAL and give attend 0 General Hospital Baltimore prior D. STREET ADDRESS (If rural, give location) inden Ave 223 Linden AVE made. regular 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) 22-1930 Married 10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) = Maryland Clerk SID 13. FATHERS NAME 14. MOTHERS MAIDEN NAME the 3 Dec. NXNC) eath LO kind; 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 1tospital -120-345 No any pronounced CAUSE OF DEATH 10 PROVE DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not meon the mode of dying e.g., heart foilure, osthenio, etc. It meons the distose, DUE TO 9 injury or complication which caused death. regul ElicaTion S DUE TO ANTECEDENT CAUSES ho Gre 4 DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stating 3 physician the remains UNDERLYING CONDITION Iosi, Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTINE CERTIFICATION physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED before 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF 3 here ore City, give exact location) ° DEATH (notify medical examiner) etc.) nature; 3 MEDI obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX) At Work and Work any 30 22. I certify that (1) (this hospital) attended the deceased from 11/30 ..19.... 65 that (1) (we) lost saw the deceased alive on ond that in(my) (our) opinian death occurred on the date... death) of hospital and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. 40 Phys. L Phys. Director written approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY eceased 24D. LOCATION (City, town, or county) D.O. REMOVAL (Specify) shows: Burial Baltimore. Arbutus Memorial Park 25G FUNERAL DIRECTOR Was 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. Charles R. Law 802 Madison Ave. 70

69

If Under 24 Hrs.

Hours

WHAT COUNTRY?

USA

ADDRESS

INTERVAL BETWEEN

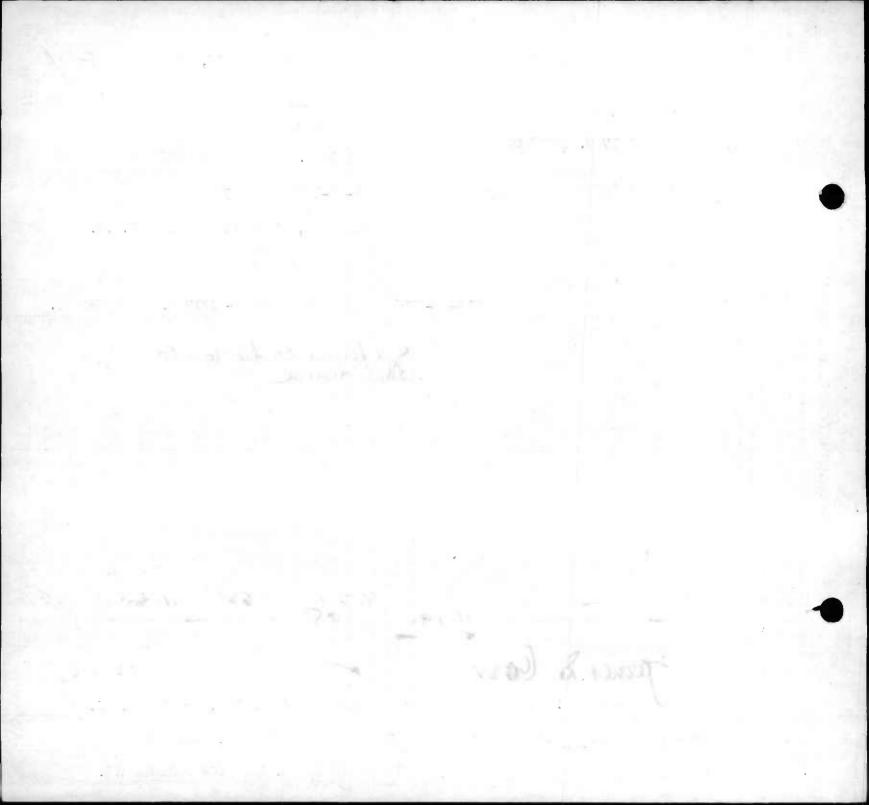
ONSET AND DEATH

ADDRESS

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į	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
-	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

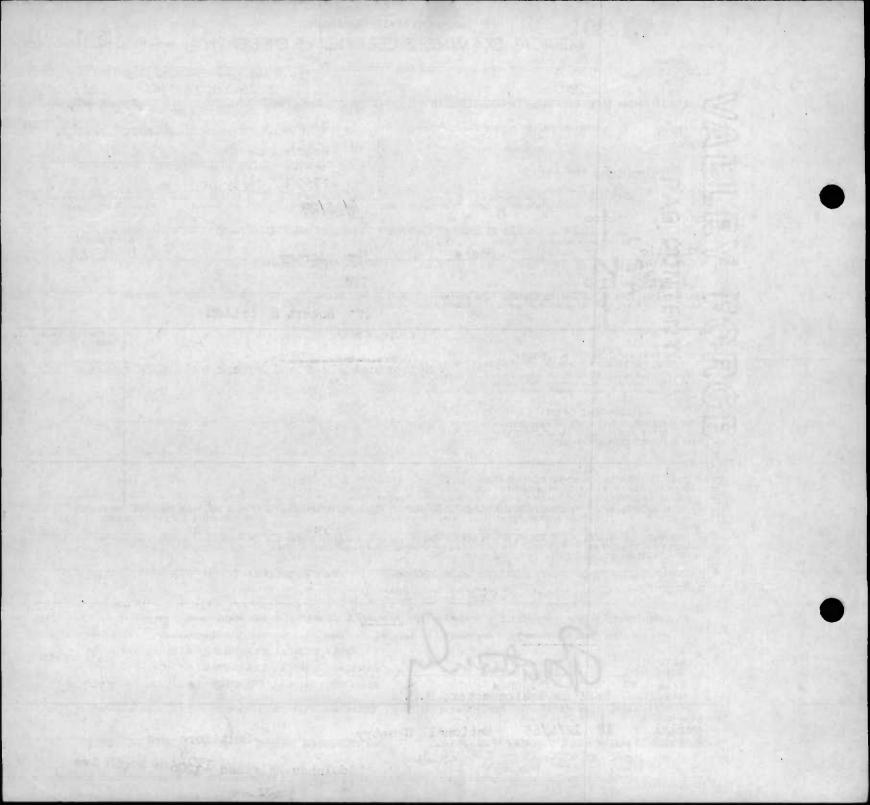
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		65 12300		CERTIFICA	TE OF DEATH	Registered Na	65 12300	
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F	ULL NAME OF DESTITUTION	OF III not in hospital and oddress or location	or institution,	give street	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give (wwnship)			
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5. S	ex EMALE	6. RACE COLORED		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH 9-25-1908	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
tOA.	DOMESTI	UPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	RICHMOND, VII		12. CITIZEN OF WHAT COUNTRY?	
	JOSEPH				14. MOTHERS MAIDEN N			
(Yes	Nos Deceases, no or unknown	Ever in U. S. Armed Force of the state of th	es? s of service)	16. SOCIAL SECURITY NO. 214-20-5396	ROSE CUNNING	GHAM - 1817 W.	ADDRESS BALTIMORE ST.	
ION	DISEASES of tise to the UNDERLYIN OTHER SIGN TO THE DESCRIPTION OF TH	nat mean the made of asthenia, etc. It means inplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION fast.	the disease, deoth.) any, giving stoting the ONTRIBUTING	(B) DUE TO (CI	exernic ca	200 c. 2 t. 2		
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	that (I) (we	tomes &	d alive an ed above. (1	1) (%) (did) (did not) (M.D. Att. Phy	ending Med. S. Director 23D. ADDRESS.		130 1965 nian death occurred an the date 238. DATE SIGNED 120. 2065 IMORE. MD.	
	BURIAL	12-4-65	CA	AME of CEMETERY of CR	PARK 24D	LAUREL, MARYL	ty, lown, or county) (State)	
	. DATE REC'E	DEC 2 1965	Robert	of REGISTRAN GENTLA	CHARLES R.		ISON AVE.	



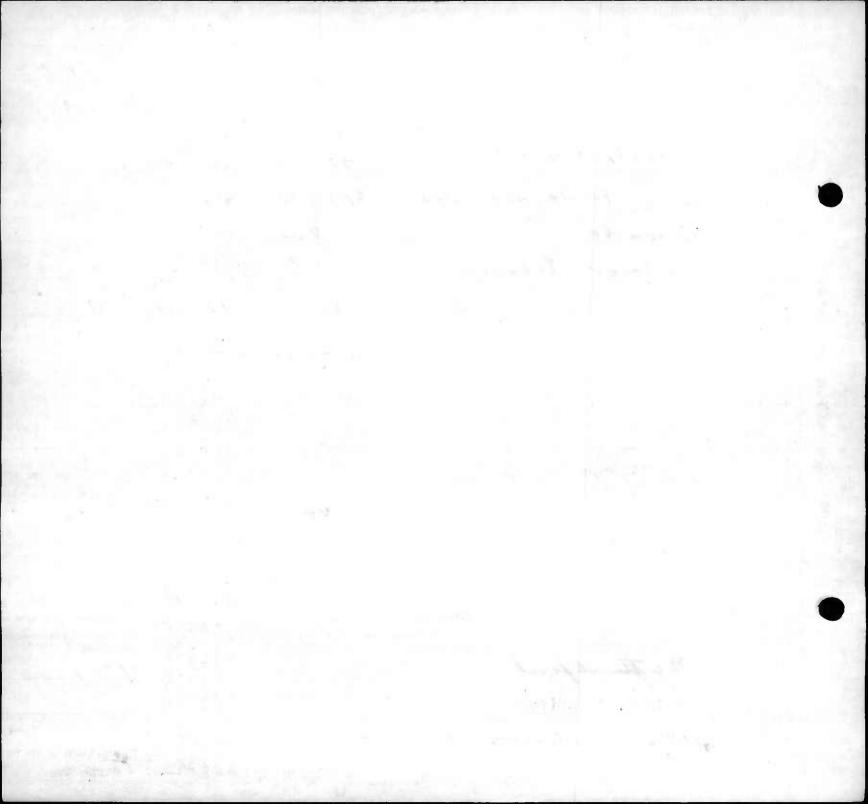
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65	12301_		BALTIMORE CITY HEAI	TH DEPARTMENT		cs 49301
BIRTH NO.	MED	ICAL EX	CAMINER'S C	ERTIFICATE C	OF DEATH Registe	red No. 65 12301
M.E. CASE NO.						
1. NAME OF DE	CEASED			2. DA1	TE AND HOUR PRONOUNCE	
	IDA SUTTON				December 1, 19	W.
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If insti B. COU	itution: residence before odmission)
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryla	nd	PALE AL
HOSPITAL OR	ADDRESS OR LOCA	ATION)			autside corparate limits, write	KUKAL and give fownship)
G .				Baltim		13-01
Pr	ovident Hospi	tal		D. STREET ADDRESS (1		
					. Carey St.	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BISTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths, Days, Hours, Min.
female	negro	M		60/23/03	36	
	UPATION (Give kind of war working life, even if retired)	k TOB. KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domesti		H	louse	New Jersey		U S A
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
WITE OF A	M KING			IDA		
	ED EVER IN U.S. ARMEE		16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknow)	n) (If yes, give wor or date	es of service)	SECURITY NO.	M ^K Robert	E Sutton	
18.	XY.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO THE UNDERLYI OTHER SIG	ANTECENDENT CAUSI OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTION				
19A. DATE O	F OPERATION 198, CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING CAUS	
UNDERLYING	CAUSE WAS OR CONTRIB- JSE OF DEATH.			in ar obaut 21C. WHERE office bldg., INJURY OCCU		ve exact locotian)
Z 21 D TIME	(Month) (Day) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21F. HOW DIE	NJURY OCCUR?	
(APPROX.)		m.	WHILE AT NOT	WHILE		
	tify that I held on I	nquiry 🗌		topsyXX and that	on this basis, deoth in m	
ACTUA		Alle	Zuly.	CHIEF MEDICA	L EXAMINER	DATE SIGNED
SIGNAT EXAMII NAME (\ / / / /	Breiten		ASSOCIATE MEDICA		12-1-65
23A. BURIAL CRI REMOVAL (Specif	EMATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY :	23D. LOCATION (City,	town, or county) (State)
Burial	# 12/4		National Cem	etry	Raltimore	Md
24A. DATE REC'D	DEC 2 1985	10 1	of REGISTRAR Janky MA	24C. FUNERAL DIRI	Halstead 1206	MQ ADDRESS W North Ave
VS 151-REV. 1/1.	/65		4 5 6 1	Adolphus, I	.a.l.boodd Leov	17/



	BALTIMORE CIT	Y HEALTH DEPARTMENT	05 10000
BIRTH NO. 65 12302	CERTIFICA	ATE OF DEATH Regist	ered No. 65 12302
1. NAME OF DECEASED		2. DATE AND HOUR O	F DEATH
(Typo or Print) Clark J	ennie	Nov 30	1 1965 8 A M. lived. If institution: rosidenco befaro admission)
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	A. STATE B. COUNTY	17 10
FULL NAME OF (If not in hospital of HOSPITAL OR address or location)	r institution, give street	C. CITY OR TOWN (If outside city lin	
		D. STREET ADDRESS (If rural, give le	
University Itosp	, teal	725 George	
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In lost birthday	
C Female	TOR KIND OF RUSINESS OR INDUSTR	6/30/77 85	12. CITIZEN OF
dane during most of working life, even it retired)		, and the state of	WHAT COUNTRY?
housewife		Va	45A
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Elmer Ti	- 4 4 - 0 -	?	
15. Was Doceased Ever in U. S. Armed Farc	es? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na arunknawn) (If yos, give wor or dotos		1- 1 77	
line of the second	Not Known	priend 12	5 George St
18443XI		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY		Total 3
(This dges ngl mean the made gl	dving e.g. Due TO		st 3 days
heart failure, asthenia, etc. It means	the disease,	0	0.0
injury ar camplication which caused	death.)	Va . Ca Munk	The second second
ANTECEDENT CAUSES	DUE TO	minute work	r Chang
DISEASES OR CONDITIONS, if a			Allow I
rise to the above cause (A) UNDERLYING CONDITION last.	stating the (C) Ny	sollerane allera	the roux
	Cell	diavascular (arease.
OTHER SIGNIFICANT CONDITIONS CO	CALTRIBUTIALC		
2 TO THE DEATH BUT NOT RELA	TED TO THE		
DISEASE OR CONDITION CAUSING IT		120A AUTOBOVE (Yes or No.) 20R IE V	ES WEDE EINDINGS CONSIDERED
WAS PERF		20A. AUTOPSY? (Yes or No.) 20B. IF Y	
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If	in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	home, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	m sammer sing give skeet teedien
21D. TIME (Manth) (Day) (Year)	(Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCU	R?
S OF INJURY (APPROX)	While At Not Wh		
	Wark Al Wark		//
22. I certify that (I) (this hospital)			
that (I) (we) last saw the decease	d alive an Day Nov	3.0 19.6 5 and that in (my)	(aur) apinian death accurred on the date
and have and from the causes state	ed abave. (I) (We) (did) (did nat)	view the bady after death.	
23A. SIGNATURE			23 B. DATE SIGNED
240.71. 1.10		lending Med. Staff	11/3.1.
23 C. PHYSICIAN'S		ys. Director Phys. 23D. ADDRESS	11/30/65
NAME (Typo)			
Harold C. Standif			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, ar county) (State)
1Burial 12/7/65	Mt Calvary Cem	etry A A Co	unty Md
	25B. NAME OF REGISTRAR		
100	P. O. R. E. Fardway	A dolphus Halstea	d 121206 W North Ave
VS 150-REV. 1/1/65	Carl C. Johnson	A dorbing haracea	- Oron Ave
43 130-KL 41 17 17 03	and the same of th		

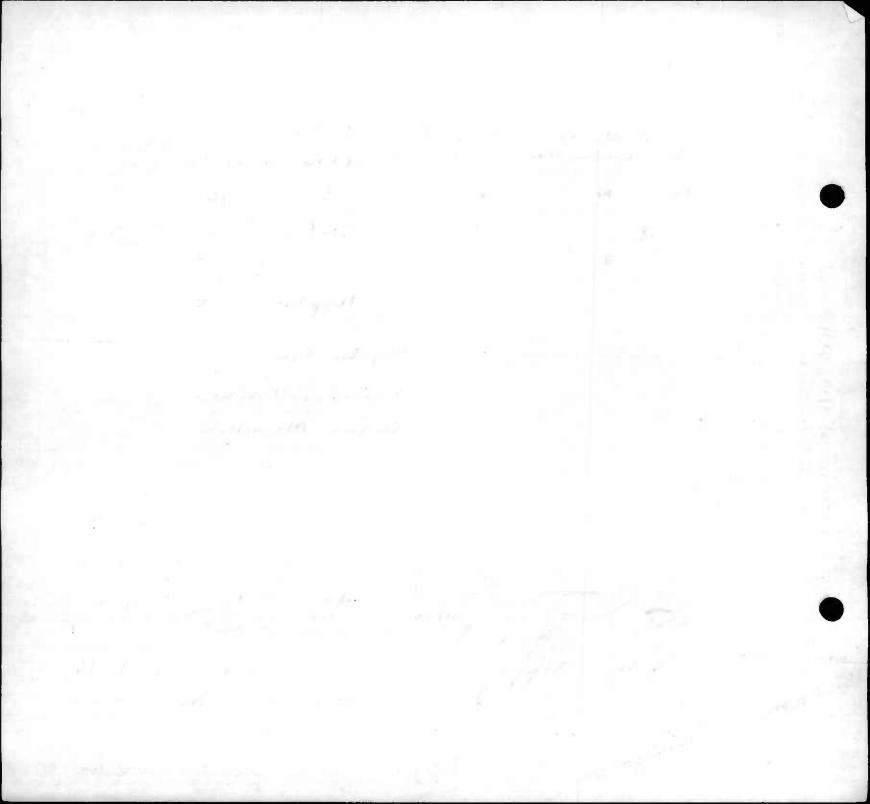


FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (Shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and death. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attend deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 12303	CERTIFICA	TE OF DEATH	Registered Na.	65 12303
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	35
(Type or Print) Frank Gree.	~		11-30-6	5 17 - AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COL		nstitution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) ¹ INSTITUTION	ion, give street	C. CITY OR TOWN (If	outside city limits, write	RURAL and give township)
Maryland General	Hospital	Baltimore	U 17	
I rangiand a		D. STREET ADDRESS	If rurol, give location)	
827 Linden Ave		2106 W		Ave
	RIED, NEVER MARRIED QWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10 B. KIN done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	7.	reign country)	12. CITIZEN OF WHAT COUNTRY?
	5	Virginia		OSA
13. FATHERS NAME		14. MOTHER'S MAIDEN N	AME 7	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	4	ADDRESS
(Yes, no or unknown) (II yes, give wor or dotes of serv	SECURITY NO.	Hospital	Chart	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	patic Como	Post Cas announces a superior of the contract	INTERVAL BETWEEN ONSET AND DEATH
injury at camplication which caused death.) ANTECEDENT CAUSES		2 2 2 2 4 4 1 5 2	21200/221	
		,	n n dan kumaba ann kadadhadh aa daadh naway	
DISEASES OR CONDITIONS, if ony, gi lise to the above cause (A) stoting UNDERLYING CONDITION last,	the (C)	oranic Alco	Malisha	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
U 19A, DATE OF OPERATION 19B, CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, loctory, street, of etc.)	n or about 21 C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
O 21 D. TIME (Month) (Day) (Year) (Hourt	21E, INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
OF INJURY (APPROX.)	While At . Not While At Work	e		
22. I certify that (1) (this hospital) attend	led the deceased from	11/9	19 65 to	12/ 20 05/11
	1			
that (I) (we) last saw the deceased olive	on	19ond	that In (my) (our) ap	Inion death accurred an the date
and hour and fram the causes stated above	(I) (We (did) (did not) v	iew the bady after death	1. *	
23A. SIGNATURE				23B, DATE SIGNED
J. M. Stepp	Phy:		Stolf Phys.	11/20/82
23C. PHYSIGIAN'S NAME (Type)	, y	827 Lu	nden Ava	21201
REMOVAL (Specify)	C. NAME of CEMETERY OF CRE			City, lown, or county) (Stote)
Burial 12/4/65	Mt Calvary Cen	netry A	A County	MO

2 1965 Rent E. Farluma Adolphus Halstead 1206 W North Ave VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

OF DEATH Registered Ra. 12304

	BIRTH NOS 12301 MEDICAL EXAMINER'S CERT	IFICATE C
11 001	M.E. CASE NO.	17-12-1
W-005	1. NAME OF DECEASED (Type or Print) ALpha TRENE WHITSON	2. DA

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

FULL NAME OF HOSPITAL OR INSTITUTION

Oliver Sadler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no arunknawn), (If yes, give war ar dates of service)

(Month) (Doy)

certify that I held on

E AND HOUR PRONOUNCED DEAD

9:45 December 1,1965 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 19 S Conkling St.

Baltimore D. STREET ADDRESS (If rural, give location)

19 S. Conkling Street

9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDDWED, DIVORCED (specify) lost birthdoy Months, Days, Hours, Min. 51 female. white 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) done during most of working life, even if retired)
Machine Operator WHAT COUNTRY?

Perry, Florida Maruland (up (o. 13. FATHER'S NAME

16. SOCIAL

SECURITY NO.

Mattie Jackson

Mr. Walter Whitson 19 S. Conkling St.

ADDRESS

No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fatty cirrhosis of the liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH?

WAS PERFORMED

ves (If in Baltimare City, give exact location)

218, PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg, INJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME

21E, INJURY OCCURRED

NOT WHILE MHILE AT

Inquiry

AutopsyXX ond that on this basis, death in my opinion

resulted from: Natural/couses X Accident Suicide

Homicide Undetermined monner

CHIEF MEDICAL EXAMINER ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE ASSOCIATE MEDICAL EXAMINER

Inspection

24C, FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

DATE SIGNED 12 - 1 - 65

(State)

NAME (Type) Rudiger Breitenecker, M.D. 23C. NAME OF CEMETERY OF CREMATORY 23A, BURIAL CREMATION, 123B, DATE REMOVAL (Specify)

12/6/1965

Baltimore National

23D. LOCATION (City, town, or county) Baltimore, Maryland

248 NAME OF REGISTRAR 1965 Robert E. Farker, M.

John A. Moran Inc 3000 E. Baltimore St

VS 151-REV, 1/1/65

Burial

EDICAL

OF INJURY

(APPROX.) 22.

Shortene Boundle . Seathand Cap Co. Poursy Planting Maline William 19 & Contiles In. the 1765 inditioner regional delices of foreline of the trade of the same and the same of t

be approved by the chief medical examiner

the body was released to the hospital by shows: (1) An accident of any nature; (2)

certificate must

65 12305 BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

MARTIN, Louis Augustatine

(If not in hospital or institution, give

Such

death.

0

prior

disposition is made.

or final attendance

embalmed

be obtained before the remains are

MEDICAL

physician was

°N 9

death) hospital

40 prior

at

was D.O.A. eceased written approval must

regular who

Yes

(Type or Print)

on the

attendance

regular deceased

death 6

pronounce

physician burns;

(except where

fracture of

kind;

the direct or contributing cause of death (4) Undetermined cause; (5) Deceased

occurred

or his assistant if

a hospital

BALTIMORE CITY HEALTH DEPARTMENT OF DEATH

Registered No. 5 1920E

IE OF DI	AIII			LAU	00	
1.1.8	November				10:20	A
A. STATE	e. county			ution: resid	ence before or	dmissio
Baltim		city limit	s wile RU	RAL ond gi	re township)	
D. STREET ADD	RESS (If rurol,	give loc	otion)		-	

Records V. A. Hospital, Baltimore, Md.21218

HD SPITAL D		ion)	C. CITY OR TOWN (If outside city lin	mile, wile RURAL and give township)		
Veterans Administration Hospital Baltimore						
3900 Lo	ch Raven Boule	evard	D. STREET ADDRESS (If rurol, give I	ocation)		
Baltimo	re, Maryland	21218	522 Arsen Avenue	and the same of the last		
S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In lost birthdo			
Male	Caucasian	Married	March 18,1907 58			
	CUPATION (Give kind of we of working life, even if retired	ork 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Janite	or	Unknown	Tapahana, Virginia	USA		
3. FATHER'S N	AME		14. MOTHER'S MAIDEN NAME			
John Ma:	rtin		Janette Monday			
5. Wos Deceos	sed Ever in U. S. Armod F	orcos? 1 6. SOCIAL	17. INFORMANT	ADDRESS		

B. 162. 1 1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	METASTATIC BRONCHOGENIC CANCER	4 months
(This does not mean the mode af dying, e.g., heart failure, osthenio, etc. It meons the diseose, injury or complication which coused deoth.)	DUE TD	
ANTECEDENT CAUSES	(B)	** ******* * * * * * * * * * * * * * *
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(C)	
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

CERTIFICATION 198, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes or No! 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED

2							ies	ies	
21A ACCIDE OR CONTRIBL DEATH (notify	JING	CAUSE	OF		218. PLACE home, form, etc.)	OF INJURY (e.g., in or factory, street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(II in Boltimore City, giv	e exocl locotion
21 D. TIME OF INJURY	(Month)	(Doy)	(Yeor)	(Hour)	21 E. INJURY	OCCURRED	21F. HOW DID INJU	RY OCCUR?	

(APPRDX) Work At Work November Tovember (1) (this hospital) attended the deceased fram November that (1) (we) last sow the deceased alive on and that in my (our) opinion death occurred on the date

Not While

ond have and fram the couses stated obove. ((We) (did) (sid hat) view the body ofter death.
and a second a second	

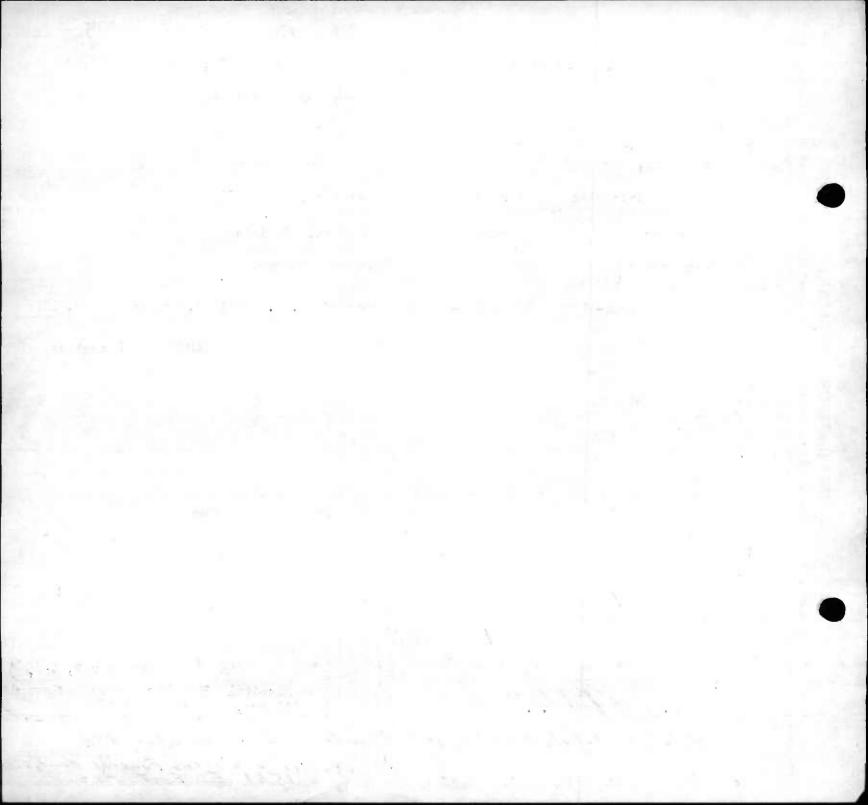
While At

23A. SIGNATURE					238. DATE SIGNED
1 9	M.D.	Attending Phys.	Med. Director	Stoff Phy s.	December 1

. / /	Phys.	Director Phys.	peceuper.	The Thorn
C. PHYSICIAN'S NAME (Type) J. J. OPEZ SOSA M.D.	23D. ADDRESS	VA Hospital 3900	Loch Raven	Boulevard
J. LOPEZ SOSA M.D.	M.D.	Baltimore, Marylan		

_ 1	0 4 710170	Account Trans		200000000000000000000000000000000000000	
IA	BURIAL CREMATION		24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION	(City, town, or county)
	REMOVAL (Specify)	. 1 /	21 1111 8 -		1

25A. DATE REC'D BY HEALTH



35	49900	BALT
55	12306	CED

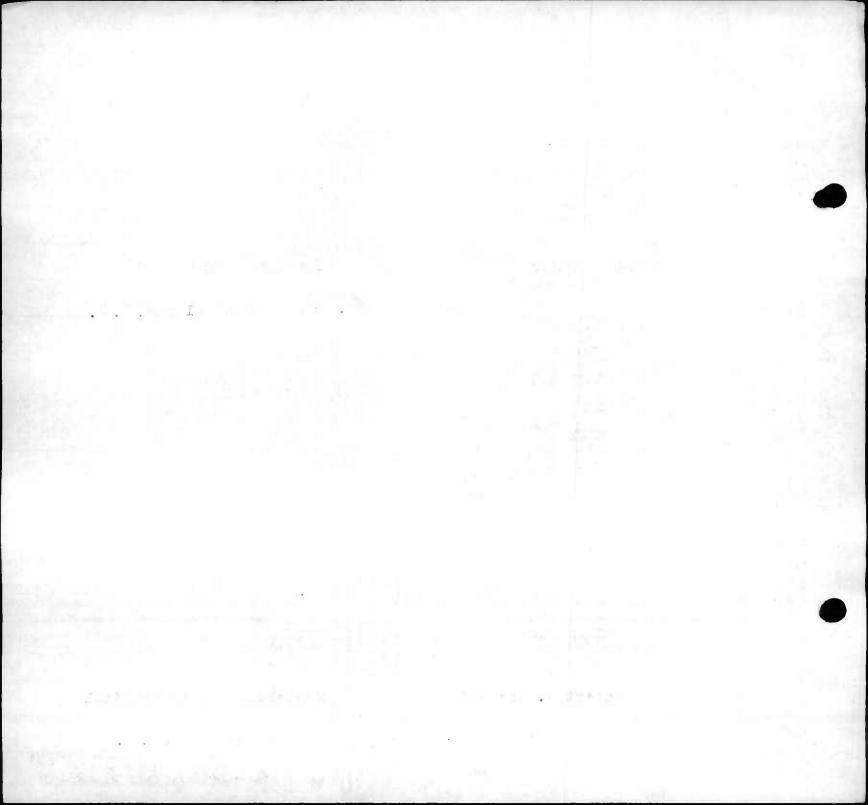
IMORE CITY HEALTH DEPARTMENT

~	FR	TI	EI	-	A	T	E .	0	E	D	A	T	ш	

CE 10000

BIKIH NO.	CERTIFICA	TE OF DEATH Registered No.	02 12306						
I. NAME OF DECEASED) 7	2. DATE AND HOUR OF DEATH	11 /						
(Type or Print) Levin H	ma s.	11/30/	65 111:15 PN						
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)						
FULL NAME OF (If not in hospital or insti	tution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
HOSPITAL OR oddress or location) INSTITUTION									
Montebello State	to Hospital	D. STREET ADDRESS (If rural, give location)							
year grant g		47 S. Arlington	AVC						
	ARRIED, NEVER MARRIED	B. DATE OF BIRTH / 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.						
	DOWED, DIVORCED (specify)	6/15/10 lost birthdoy)	Months Doys Hours Min,						
10A. USUAL OCCUPATION (Give kind of work 108, K)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
done during most of working life, even if retired)		Permentrania	U.S.						
3. FATHERS NAME		14. MOTHERS MAIDEN NAME	ar o.						
Frederick Walter		Isabelle Daughte	ry						
 Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se 	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS						
	Take 1	Mrs. Evelyn Layton Delha	iven. N. J.						
18.	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	/	. / .	onser and out						
LEADING TO DEATH		nanifon							
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di									
injury or complication which caused death.	Cai	iere Laennec ci	= 4:5:5 31-05						
ANTECEDENT CAUSES	DUE TO	by 6 racinise cr	17100513 - 71-						
DISEASES OR CONDITIONS, if any,									
rise to the obave cause (A) stating UNDERLYING CONDITION last.	g the (C)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
The state of the s									
OTHER SIGNIFICANT CONDITIONS CONTRI									
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	O THE								
194. DATE OF OPERATION 198. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?						
U 21A ACCIDENT WAS UNDERLYING	218 81 4 65 05 15111107/ :	9							
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	re City, give exact location)						
2									
S OF INJURY	While At Not While	21F. HOW DID INJURY OCCUR?							
(APPROX.)	Work At Work								
22. 1 certify that (1) (this haspita) ottended the deceased from 10/14 1965 to 11/30 1965									
that (1) (we) last saw the deceased clive an 1/30 19 65 and that in (my) (aur) opinion death accurred on the da									
and haur and from the causes stated ab	ove. (1) (We) (did)(did nat) v								
23A. SIGNATURE			23B. DATE SIGNED						
Older the Inelai	M.D. Atte	ending Med. Stoff Phys.	11/30/65						
23C. PHYSICIAN'S		23D. ADDRESS	1 1 2						
NAME (Type) Robert W. I	reland M.D.	Montebello State	Hospital						
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (State)						
REMOVAL (Specify)									
	Fairview Ceme te		, No de						
	TALLEUPLA	25C. FUNERAL DIRECTOR	Balton md. 17						
DEG DIGGE OF SELLIE	, ULLANGUENTA	Wmgh-Villaner & Son	ohorthapa. av						

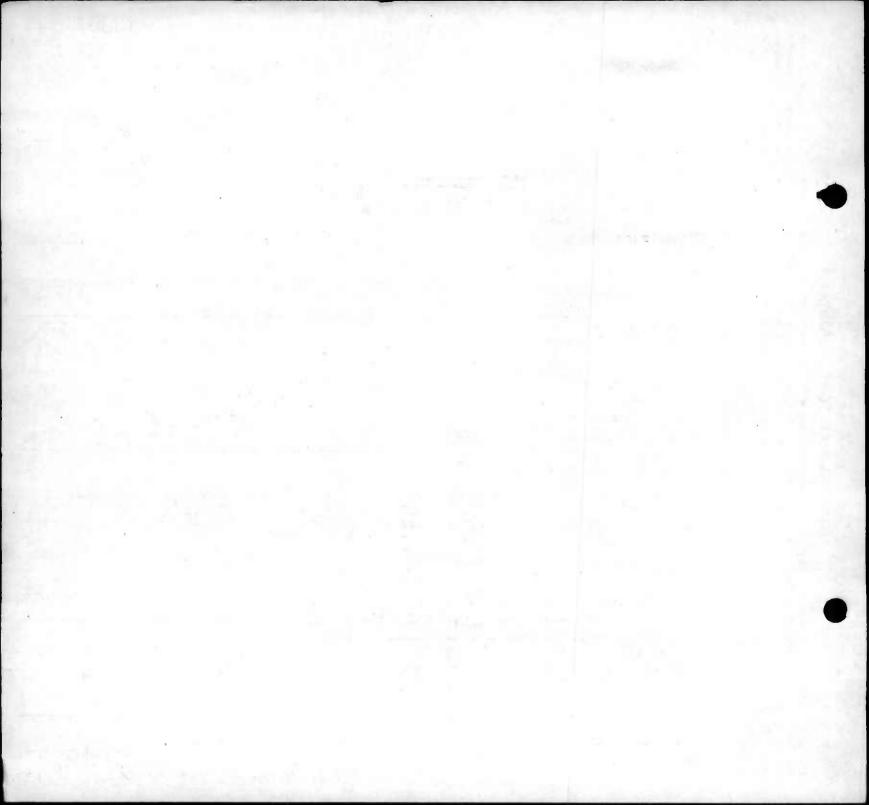
VS 150-REV. 1/1/65



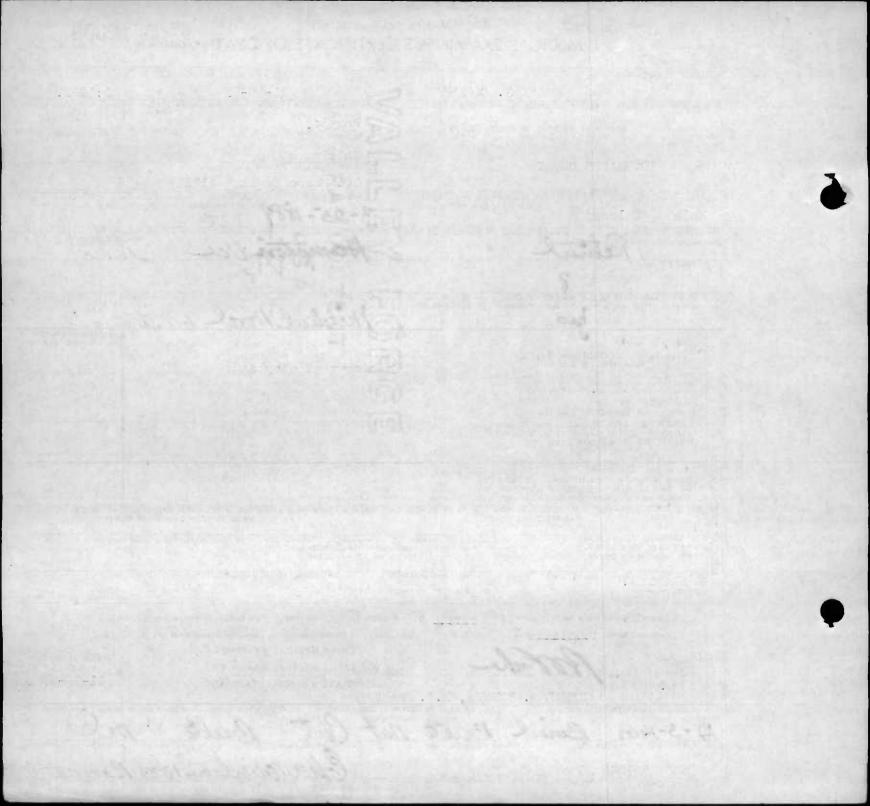
BALTIMORE	CITY	HEALTH	DEPART	MENT

Registered	No.65	12307
	170	Transfer of the

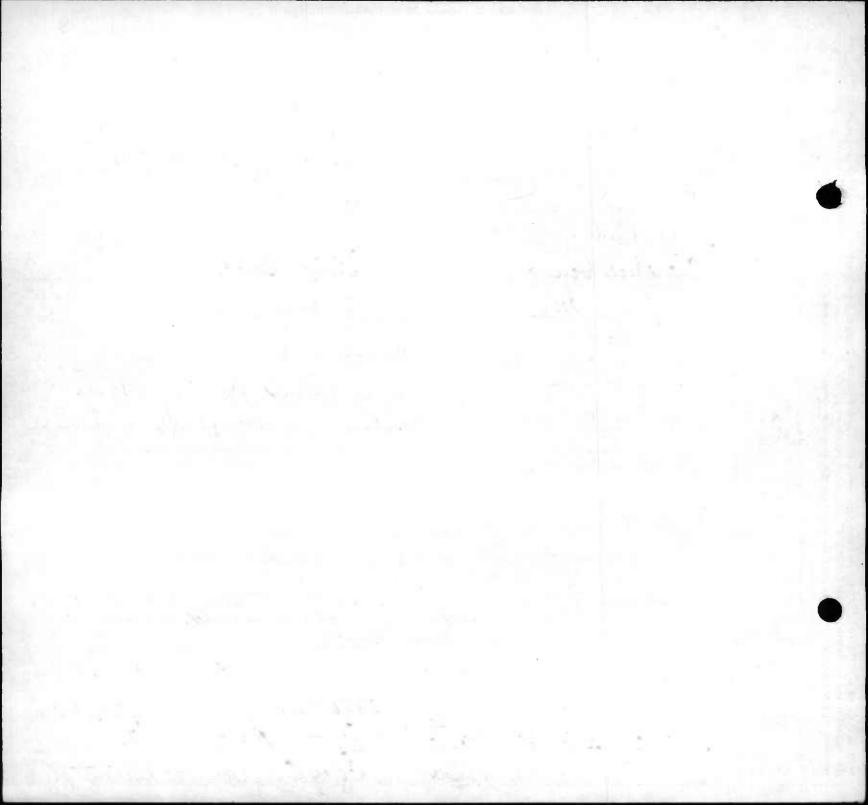
	H NO. 65	12307	CERTIFICA	ATE OF DEATH	Registered Na.	5 12307
1, N	AME OF DECEASED	SIF K	COMAINE (EATTY 2. DATE A	- 30 - 6	5 3 45 p.m.
3. P	LACE OF DEATH IN BALTIMO	RE MARYLAND	0,117.17.10			itution: residence before admission)
H	ULL NAME OF (If not in h OSPITAL OR oddress or ISTITUTION	ospitol or instituti location)	ion, give street	MD.	utsido city limits, write RU	PRAL ond give township)
1	UNION MI	EMORIA	L HOSPITA	D. STREET ADDRESS (IF	rurol, give location)	2/2/1
5. SI		17		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
D. 3	FW	- William	Widowed	4/24/89	lost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind		OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stofe or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	Seamstress			Uniontown,		U()A
13. [MARTIN 3	- CICA	RD	14. MOTHER'S MAIDEN NA	CUN	
15. V (Yes	Vos Deceased Ever in U. S. Am ,no or unknown) (If yos, give wor	ned Forces? or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT SUN		ADDRESS SAME
	No Non			WILLIAM H.	GEATTY	J///// C
	18. 420.1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION		01	RALLATORY	FAILLIRS	CAN
Н	(This does not meon the mi	ode of dying,	e.g., DUE TO	Level, toland	11110000	
	heart failure, asthenia, etc. It injury or complication which		ose,	MICHARDIA.	INFARCTIO	2N) 3 days
	ANTECEDENT C	AUSES	(B) DUE TO	1001001110	IN Alec III	7
	DISEASES OR CONDITION		- 1/	sture of 1	ostern to	#
	UNDERLYING CONDITION I		1	ister Ventric	ular G	flum.
ATION	OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO	TING THE Shut			
ERTIFICA	19A. DATE OF OPERATION 19		OR WHICH OPERATION	20A. AUTOPSYR (Yes or N	O 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
0	21 A. ACCIDENT WAS UNDERLOOR CONTRIBUTING CAUSE	OF -	21B. PLACE OF INJURY (e.g. homo, form, foctory, street, otc.)	office bldg., INJURY OCCUR?	(If in alltimore	City, give exact location)
EDI	21 D. TIME (Month) (Doy) OF INJURY	(Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
×	(APPROX)		While At Not W	k 🗌		1
	22. I certify that (4) (this h			(W) 11 220	19 (2) to 343	FM 113219 (1)
	that (4) (we) last saw the d	eceased alive	an 345 PM 1	13019 65 and 1	hat in (my) (aur) oplni	ian death occurred on the date
	and have and from the caus	s stated abov	e(1) (We) (did) (d id not)	view the bady after death.		
	23A. SIGNATURE	D-11				23B. DATE SIGNED
	PHU NA	lum	M.D. A	ttending Med. Director	Stoff Phys.	11 30/65
	23C. PHYSICIAN'S NAME (Type)			23 D. ADDRESS		
24 A	BURIAL CREMATION, 248. D	ATF 24	M.C. NAME of CEMETERY of C		LOCATION (City	, town, or county) (State)
	REMOVAL (Specify)		Lorraine Park (, 1000,
25A			OF REGISTRAR	25C. FUNERAL DIRECTO	Woodlawn, Mc.	Balto. ADDRESS 17
	150-REV. 1/1/65		6 5 0 0	wn. J. Juhn	ingrame,	with Lifer leves



M.E. CASE NO	0.	DICAL EXAMINER'S		DATE AND HOUR		
(Type or Print)		RANK J. COLEMAN		11-29-65	PRONOBINCED	
	ALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	A. STATE	NCE (Where deceased	lived. If institution 8. COUNTY	3:10 P.
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ITAL OR INSTITUTION, GIVE STREI CATIONI	C. CITY OR TOWN	N (If autside corparat	e limits, write RUR	At and give township)
0	206 MASON COU	RT		SS (If rurol, give loca		() (
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	on Court	21231 GE (In years 11 (Under 1 Yr. If Under 24
Male	Colored	WIDO WED, DIVORCED (specify)	3-25-	1889 last 1	74 Ma	nths, Doys, Hours, M
	CCUPATION Give kind of working life, entired	ork 108. KIND OF BUSINESS OR IN	SUSTRY 11. BIRTHPLACE (SI	ate or foreign country		CHIZEN OF WHAT COUNTRY?
13. FATHER'S N	1		14. MOTHER'S MAI	DEN NAME		may it
	ASED EVER IN U.S. ARM		17. INFORMANT		ADI	DRESS Bu
Yes, no or unkno	awn) (If yes, give wor or do	otes of service) SECURITY NO.	milche	d /hood	- 618 Ste	tertino Il
18.	/ /		AUSE OF DEATH			INTERVAL BETWE
DIS	EASE OR CONDITION	DIRECTLY				
/Th:	LEADING TO DEA	(A)	Carcinoma of	esophagus		
heart fail	es not mean the made lure, asthenia, etc. It mea	ns the diseose,				
infuty of	complication which couse	o deom.i				1000
	ANTECENDENT CAU	SES				
DISEAS	ANTECENDENT CAU	SES ANY, GIVING DUE TO				
DISEAS RISE TO UNDER	ANTECENDENT CAU	SES ANY, GIVING STATING THE T.				
DISEAS RISE TO UNDER	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A)	SES ANY, GIVING DUE TO STATING THE				
DISEAS RISE TO UNDER	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST	SES ANY, GIVING STATING THE CO				
DISEAS RISE TO UNDERI	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT I	SES ANY, GIVING DUE TO STATING THE CO				
DISEAS RISE TO UNDERI	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT IE E OR CONDITION CAUSIN	SES ANY, GIVING STATING THE T. (C) S CONTRIBUTING RELATED TO THE NG IT.		(Yas at No.) 120R IF V	JES WEDE FINDIN	GS CONSIDERED
DISEAS RISE TO UNDERI	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LASS II SIGNIFICANT CONDITION IE DEATH BUT NOT IE OR CONDITION CAUSIN OF OPERATION 198, CC	SES ANY, GIVING DUE TO STATING THE CO		(Yes ar Na) 208, IF Y	ES, WERE FINDIN-	
DISEAS RISE TO UNDERI OTHER TO TH DISEASI 19A. DATE	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAS: II SIGNIFICANT CONDITION IE DEATH BUT NOT IE OR CONDITION CAUSIN OF OPERATION 198, CC	SES ANY, GIVING DUE TO STATING THE SECONTRIBUTING RELATED TO THE NG IT. ONDITION FOR WHICH OPERATION ERFORMED	N 20A, AUTOPSY?	IN CERT	FYING CAUSES O	F DEATH?
DISEAS RISE TO UNDER TO THE DISEAS I 19A. DATE	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT IF OR CONDITION CAUSE OF OPERATION 1198, CO WAS PI	SES ANY, GIVING DUE TO STATING THE CO	N 20A, AUTOPSY?	HERE DID (If in Balti	FYING CAUSES O	F DEATH?
OISEAS RISE TO UNDER TO THE TO	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT IE OR CONDITION CAUSIT OF OPERATION 198, CC WAS PI	SES ANY, GIVING DUE TO STATING THE CO	N 20A, AUTOPSY? NO (e.a., in or about 21C, Wh	HERE DID (If in Balti	FYING CAUSES O	F DEATH?
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DISEAS RISE TO UNDERI OTHER TO TH DISEASI 19A. DATE 21A. EXTER UNDERLYIN UNDERLYIN UNDERLYIN UNDERLYIN UNDERLYIN OF INJURY (APPROX.) 22. 1 0	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST SIGNIFICANT CONDITION IE DEATH BUT NOT I E OR CONDITION CAUSIN OF OPERATION 198. CO WAS PI INAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH. (Month) (Dayl (You	SES ANY, GIVING DUE TO STATING THE TO THE TO THE SELATED TO THE NO IT. 21 B. PLACE OF INJURY home, form, factory, selc 21 B. PLACE OF INJURY OCCUMENTAL STATEMENT OF THE NO IT. 21 B. PLACE OF INJURY OCCUMENT OF THE NO IT. WHILE AT INJURY OCCUMENT OF THE NO IT. Inquiry Inspection X	N 20A, AUTOPSY? NO (e.g., in or about 21C, Whiteel, olfice bldg., INJURY (HERE DID (If in Balti DCCUR? W DID INJURY OCC	FYING CAUSES O mare City, give ex UR? , deoth in my op	F DEATH?
DISEAS RISE TO UNDERLYN UNDERL	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT IE OF OPERATION 198, CO WAS PI WAS PI NAL CAUSE WAS ING OR CONTRIB- CAUSE OF DEATH. (Month) (Dayl (Ye	SES ANY, GIVING DUE TO STATING THE TO THE TO THE SELATED TO THE NO IT. 21 B. PLACE OF INJURY home, form, factory, selc 21 B. PLACE OF INJURY OCCUMENTAL STATEMENT OF THE NO IT. 21 B. PLACE OF INJURY OCCUMENT OF THE NO IT. WHILE AT INJURY OCCUMENT OF THE NO IT. Inquiry Inspection X	N 20A, AUTOPSY? NO (e.g., in or about 21C. Where, olfice bldg., INJURY (e.g., INJURY) IRRED 21F. HOV NOT WHILE AT WORK Autopsy Ond Suicide Homicide	HERE DID (If in Balti DCCUR? W DID INJURY OCC that on this basis,	mare City, give ex UR? , deoth in my op	F DEATH?
DISEAS RISE TO UNDERLYN UTING OF INJURY (APPROX.) 21. 10. TIME OF INJURY (APPROX.) 22. 1 6	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST SIGNIFICANT CONDITION THE DEATH BUT NOT IT E OR CONDITION CAUSIF OF OPERATION 198, CO WAS PI WAS PI (Month) (Dayl (You contify that I held on soulted from: Natural C	SES ANY, GIVING DUE TO STATING THE TO THE TO THE SELATED TO THE NO IT. 21 B. PLACE OF INJURY home, form, factory, selc 21 B. PLACE OF INJURY OCCUMENT OF THE NO IT. 21 B. PLACE OF INJURY OCCUMENT OF THE NO IT. WHILE AT INJURY OCCUMENT OF THE NO IT.	N 20A. AUTOPSY? NO (e.g., in or about 21C. Whereel, olfice bldg., INJURY (CARED AT WORK AT WORK AT WORK AUTOPSY ON THE AT WORK AUTOPSY ON THE AUTOPSY CHIEF ME	HERE DID (If in Balti DCCUR? W DID INJURY OCC that on this basis, Undetern DICAL EXAMINE	mare City, give ex UR? , deoth in my opnined monner	F DEATH? oct locotian) inlon
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DISEAS RISE TO UNDER! OTHER TO TH DISEAS! 19A. DATE 21A. EXTER UNDERLYIN UTING CO 21D TIME OF INJURY (APPROX.) 22. ACTI SIGN	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION IE DEATH BUT NOT I E OR CONDITION CAUSIF OF OPERATION 19B, CO WAS PI WAS PI (Month) (Dayl (You certify that I held on esulted from: Natural causified in the control of the control (Manuse of Death. CONTROL CO	SES ANY, GIVING DUE TO STATING THE CO	N 20A. AUTOPSY? NO (e.g., in or about 21C. Whiteel, office bldg., INJURY of the NOT WHILE AT WORK Autopsy Ond Suicide Homicide CHIEF ME _M.D. ASSISTANT ME	HERE DID (If in Balti DCCUR? W DID INJURY OCC that on this basis, Undetern DICAL EXAMINE	mare City, give ex UR? , deoth in my opnined monner	inlon DATE SIGNE
OISEAS RISE TO UNDER! OTHER TO TH DISEAS! 19A. DATE UNDERLYIN UTING CF INJURY (APPROX.) 222. 1 G ACTI SIGN EXAI NAMI	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION THE OR CONDITION CAUSIT OF OPERATION 19B, CO WAS PI WAS PI (Month) (Dayl (You certify that I held on sulted from: Natural c UAL ATURE MINER'S E (Type) RUSSEL	SES ANY, GIVING DUE TO STATING THE CO	N 20A. AUTOPSY? NO (e.g., in or about 21C. Whereel, office bidg., INJURY of the property of	that on this basis, Undetern DICAL EXAMINE DICAL EXAMINE	mare City, give ex UR? , death in my opnined monner	inlon DATE SIGNE 11-29-6
DISEAS RISE TO UNDERI OTHER TO TH DISEASI 19A. DATE 21A. EXTER UNDERI 21A. EXTER UNDERI 21A INTERIOR ACTI SIGN EXAL NAMI 23A. BURIAL (2)	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST SIGNIFICANT CONDITION THE DEATH BUT NOT IT E OR CONDITION CAUSIF OF OPERATION 198, CO WAS PI WAS PI WAL AUSE WAS ING CONTRIB- AUSE OF DEATH. (Month) (Dayl (You certify that I held on sulted from: Natural C UAL ATURE MINER'S E (Type) RUSSEL CREMATION, 123B DATE	SES ANY, GIVING DUE TO STATING THE CO	N 20A. AUTOPSY? NO (e.g., in or about 21C. Whiteel, office bldg., INJURY of the NOT WHILE AT WORK Autopsy Ond Suicide Homicide CHIEF ME _M.D. ASSISTANT ME	THERE DID (If in Balti DCCUR? W DID INJURY OCC that on this basis, Undetern DICAL EXAMINE	mare City, give ex UR? , death in my opnined monner	F DEATH?
DISEAS RISE TO UNDER! OTHER TO TH DISEASI 19A. DATE 21A, EXTER UNDERLYIN UTING COF INJURY (APPROX.) 22. ACTI SIGN EXAM NAM 23A, BURIAL (SP.	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST II SIGNIFICANT CONDITION THE DEATH BUT NOT IT E OR CONDITION CAUSIF OF OPERATION 198, CO WAS PI WAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH. (Month) (Dayl (You certify that I held on sulted from: Natural S UAL ATURE MINER'S E (Type) RUSSEL CREMATION, 23B DATE ecify)	SES ANY, GIVING DUE TO STATING THE CO	N 20A. AUTOPSY? NO (e.g., in or about 21C. Whereel, office bidg., INJURY of the property of	that on this basis, Undetern DICAL EXAMINE DICAL EXAMINE	mare City, give ex UR? , death in my opnined monner	inion DATE SIGNE 11-29-6
DISEAS RISE TO UNDERI OTHER TO TH DISEASI 19A. DATE 21A. EXTER UNDERLYN	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST SIGNIFICANT CONDITION THE DEATH BUT NOT IT E OR CONDITION CAUSIF OF OPERATION 198, CO WAS PI WAS PI WAL AUSE WAS ING CONTRIB- AUSE OF DEATH. (Month) (Dayl (You certify that I held on sulted from: Natural C UAL ATURE MINER'S E (Type) RUSSEL CREMATION, 123B DATE	SES ANY, GIVING DUE TO STATING THE CO	N 20A. AUTOPSY? NO (e.g., in or about 21C. Whereel, office bidg., INJURY of the property of	that on this basis, Undetern DICAL EXAMINED	mare City, give ex UR? , death in my opnined monner	inlon DATE SIGNE 11-29-6
DISEAS RISE TO UNDERI OTHER TO TH DISEASI 19A. DATE 21A. EXTER UNDERLYN	ANTECENDENT CAU ES OR CONDITIONS, IF THE ABOVE CAUSE (A) LYING CONDITION LAST SIGNIFICANT CONDITION IE DEATH BUT NOT I E OR CONDITION CAUSIF OF OPERATION 198, CO WAS PI INAL CAUSE WAS AGOOR CONTRIB- AUSE OF DEATH. (Month) (Dayl (You certify that I held on sulted from: Natural C UAL ATURE MINER'S E (Type) RUSSEL CREMATION, 23B, DATE ecify) FIG. BU	SES ANY, GIVING STATING THE STATING THE SECONTRIBUTING RELATED TO THE NG IT. DIDDITION FOR WHICH OPERATION PARTICLE OF INJURY COLUMN HILE AT DESCRIPTION REPORT OF THE NORTH OF THE NOR	N 20A. AUTOPSY? NO (e.g., in or about 21C. Wheel, olfice bldg., INJURY of theel, olfice bld	that on this basis, Undetern DICAL EXAMINED	mare City, give ex UR? , death in my opnined monner	inlon DATE SIGNE 11-29-6



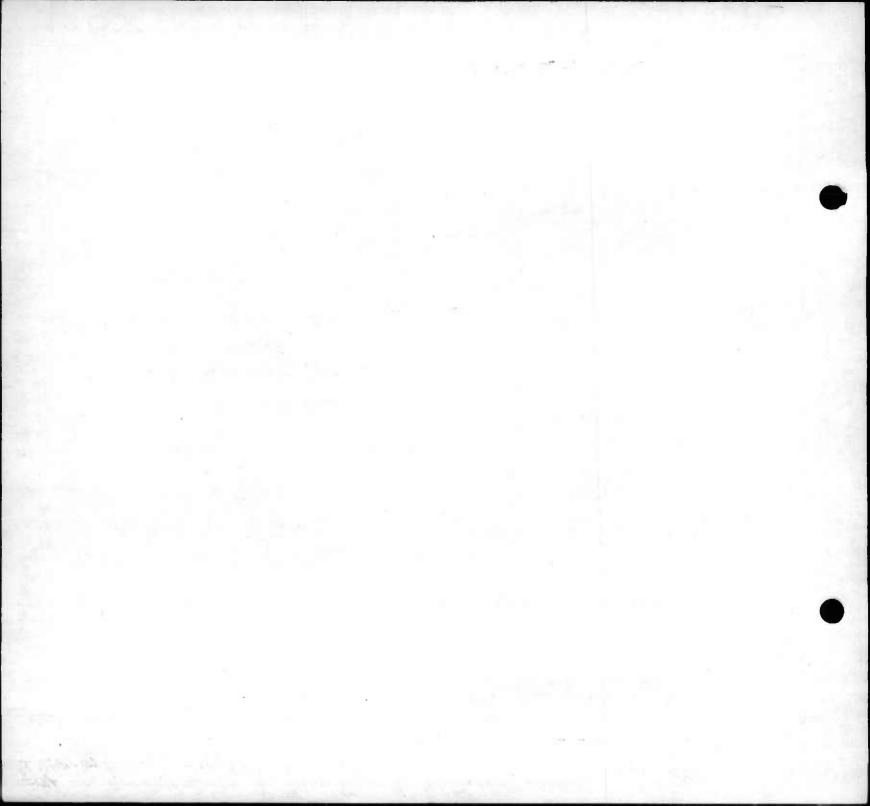
		Y HEALTH DEPARTMENT	Panistavad No	65 12309
M.E. CASE NO.	CERTIFICA	ATE OF DEATH		- 10000
Type or Print)			D HOUR OF DEATH	- A
B. PLACE OF DEATH IN BALTIMORE, MARYL	Regina	12	2-1-65	3
FLACE OF DEATH IN BALTIMORE, MARTE	J J	A. STATE B, COUN	e deceased lived. It in TY	stitution: residence before adm
FULL NAME OF (If not in hospital or	institution, give street	MARILAND	BALTIMORI	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
SINAI HOS	PITAL	BALTINOR	EMD	
-		D. STREET ADDRESS (If	rural, give location)	#10
		1623 N. Apx		'' (/
S. SEX 6. RACE 7.	WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours
tOA, USUAL OCCUPATION (Give kind of work 10 done during most of working life, even if retired)	B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or lorei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Rotined		Ralto		USA
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	
Courses Here		What The	020-	
5. Wos Deceased Ever in U. S. Armed Forces		17. INFORMANT	vo pe	ADDRESS
(Yes, no ar unknown) (It yes, give war ar dates of	of service) SECURITY NO.	17. INFORMANT Dr. Harry 7	u Malen	356 eurneze
18. 4-9 3 X I	CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE OR CONDITION DIREC	TLY			- 4
LEADING TO DEATH	ring, e.g., (A) Ux	enucl		7 days
(This does not meen the made of d) heart failure, osthenia, etc. 11 means th	e disease,			14 mr
injury or complication which coused de	Poth.)	and frilured	160000	14 1110
ANTECEDENT CAUSES	DUE TO	. 0 1	d d	1
DISEASES OR CONDITIONS, if any	y, giving	hanous glomeru	lones hox	14 1112 61.00
UNDERLYING CONDITION last.	omig me		1	<u>a</u> <u> </u>
11				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE				
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDIT	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
WAS PERFOI	218 BLACE OF INITION	in as about 21 C WHERE DIS	(III :- P-IC	City also average to the city
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	ui in politimore	e City, give exact location)
DEATH (notity medical examiner)	etc.)			
OF INJURY (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
≥ (APPROX.)	While At Not Wh			
22. I certify that (1) (this hospital) a	attended the deceased from	11-23	965 10 12	
that (1) (we) last saw the deceased	11 21	19.65 and the		nian death accurred an t
			api	mon dearn accurred an i
and haur and from the causes stated	above (I)(me) (did) (did nat)	view the bady after death.		DOOR DATE CICALID
MIN MIN	6 /a. M.D. A	ttending Med.	Stoff Fall	23 B. DATE SIGNED
Hours M	/aleu Ph		Stoff Phys.	12-1-65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	- /	
HARRY OM. WI	ALEN M.O	5356 Carrio	ge Cot RA	LTHUBRE WAY
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF C	- 0 - 0 77.9	CATION (CI	ity, town, or county)
Busine 0 15-10-100	st Brolle he	A Chit	of the	mex
25A. DATE REC'D BY HEALTH DEPT. 25	B. NAME OF REGISTRAR	250 FUNERAL DIRECTOR	uu	ADDRESS
DEC 2 1965 P.O. F	0 T. A	Blees All	· lan Ilan	Bu the
A CHILL	C. NOWENERS	, way your	1000 1000	1 Hanney 0
VS 150-REV. 1/1/65		0 1 4 3		/



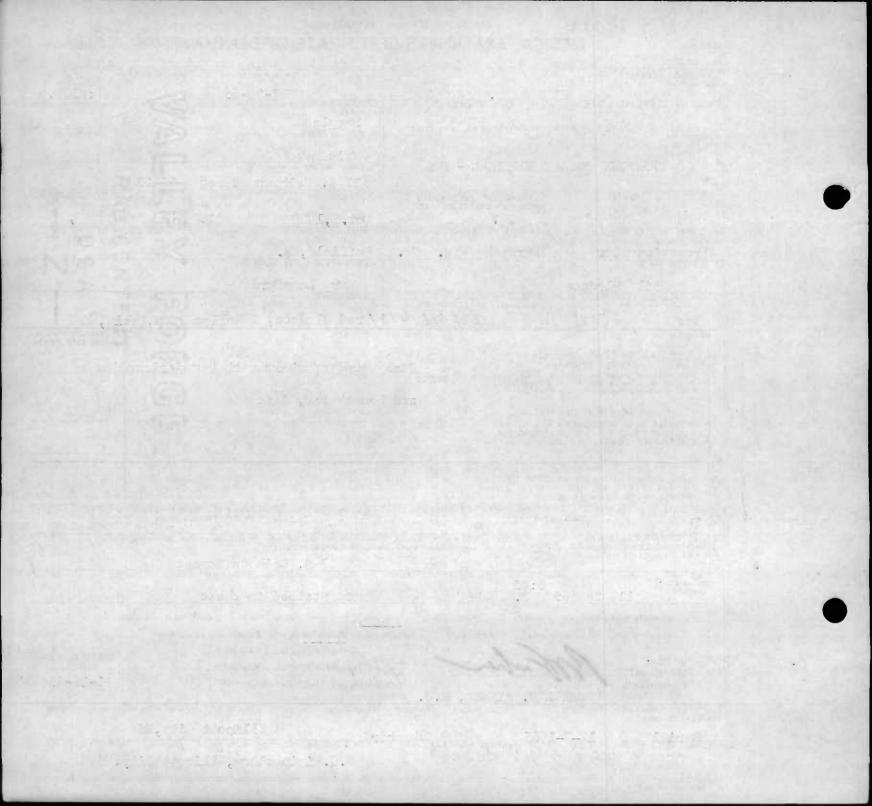
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BRTH NO. 65 12310		HEALTH DEPARTMENT	V	5 12310
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	1 1'50'10
I, NAME OF DECEASED	-1		AND HOUR OF DEATH	150 *
3. PLACE OF DEATH IN BALTIMORE MARYLAND	HOLF		12-1-65	4- Am.
3. PLACE OF DEATH IN BALLIMORE, MARILAND		A. STATE B. COL	JNTY	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	MAKYLAN	D	014
MOSPITAL OR Oddress or location) MARY LAND GENE	RAL HOSPITAL	111111111111111111111111111111111111111		RURAL and give township)
49 BALTIMORE, M	MARYLAND		If rurol, give location)	0000
(Not invested)	, , , , , , , , , , , , , , , , , , , ,	1905 CAK	1 12 1 / 2 1	
	HED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
MALE WHITE WIDE	MARRIED (specify)	7-22 03	lost birthdoy)	Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Cro	wn Cork & Seal Co.	BALTIMORE		W.S. A
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
EWIL STROTERHOFF		AMELIA 1	DICE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL	17. INFORMANT		ADDRESS
no	217-14-2313	MARY STRO	TERHOFF	1905 DAKLEY RD
18. LL a. 1 V	CAUSE O	F DEATH	4	INTERVAL BETWEEN
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LEADING TO DEATH	(A)	in hiredal	anung	······································
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO ose,	awate	anenry	2m
injury or complication which caused death.)	(B)		*	
ANTECEDENT CAUSES	DUE TO		**************************************	
DISEASES OR CONDITIONS, if ony, gi				
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OTHER SIGNIFICANT CONDITIONS CONTRIBL	TING			
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
194. Date of Operation 198. CONDITION F WAS PERFORMED	ADRIC ANEURYSM		IN CERTIFTING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(If in Boltimor	e City, give exect location)
DEATH (notify medical examiner)	etc.)			
21 D. TIME (Month) (Doy) (Year) (Hourd	21 E. INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?	
(APPROX)	While At Not While At Work			
22. I certify that (I) (this hospital) attend	ed the deceased fram W	OUL MIBER 29	19 6) to DE	CEMBER 1 1965.
that (I) (we) last saw the deceased alive	an DECEMBER 1	19 65 and	that in (my) (aur) apl	nian death accurred an the date
and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v	iew the bady after death	·, ·	
23A. SIGNATURE				23B. DATE SIGNED
A Bello	M.D. Atte	mding Med. Director	Stoff Phy s.	12-465
23C. PHYSICIAM'S NAME (Type) POSARLO D B	ELLO M.D.	MARYLAND G	ENERAL HOS	SPITAL
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (State)
REMOVAL (Specify)	Woodlawn		Woodlawn	Md.
Durtat	ME OF REGISTRAR	25¢ FUNERAL DIRECT	A	
DEC 2 1965 A 0 4 0	T. 0	D. Howa	erd Strom	9307W167A
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Home 27 S. Calhoun Street Continue	() UNDERLYING TOR CONTRIB-	g., in or obout 21C. WHERE DID (It in Boltimore City, give exact location) , office bldgINJURY OCCUR?
21D TIME OF INJURY (APPROX.) 11 28 65 P. m. WHILE AT NOT WHILE X Stabbed in chest 22. I certify that I held on Inquiry Inspection Autopsy X ond that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ASSOCIATE MEDICAL EXAMINER IN AME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, fown, or county) (State) Burial CALL CREMATION, 24B. NAME OF REGISTRAR DEC 2 1965 C. Higinbothom, Ellicott City, Md 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR F. C. Higinbothom, Ellicott City, Md	UTING CAUSE OF DEATH.	
OF INJURY (APPROX.) 11 28 65 P. m. WHILE AT AT WORK Stabbed in chest 22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER X ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY Ellicott City, Md 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME-OF REGISTRAR F. C. Higinbothom, Ellicott City, Md	3	
11 28 65 P. m. WORK AT WORK Stabbed in chest	OF INJURY 8.00	
Certify that I held on Inquiry Inspection Autopsy Ond that on this basis, death in my opinion resulted from: Notural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	(APPROX.) 11 28 65 P. WHILE AT NO	WORK X Stabbed in chest
Certify that I held on Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion	22.	
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 11-29-65 M.D. ASSISTANT MEDICAL EXAMINER 11-29-65 NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CREMATORY 23D. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Ellicott City, Md 24A. DATE REC'D BY HEALTH DEPT, 24B. NAME OF REGISTRAR DEC 2 1965 C. Higinbothom, Ellicott City, Md	certify that I held on Inquiry Inspection	Autopsy X ond that on this basis, death in my opinion
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 11-29-65 M.D. ASSISTANT MEDICAL EXAMINER 11-29-65 NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME OF CREMATORY 23D. LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) Ellicott City, Md 24A. DATE REC'D BY HEALTH DEPT, 24B. NAME OF REGISTRAR DEC 2 1965 C. Higinbothom, Ellicott City, Md	resulted from: Notural courses Accident Suice	ide Homicide X Undetermined manner
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 12-2-1965 Good Shepherd 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR DEC 2 1965 C. Higinbothom, Ellicott City, Md	Accident 5010	
SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, REMOVAL (Specify) Burial ACC. FUNERAL DIRECTO ACC. FUNERAL DIRECTOR F. C. Higinbothom, Ellicott City, Md ASSISTANT MEDICAL EXAMINER 11-29-65 11-29-65 Cood Shepherd ACC. FUNERAL DIRECTOR F. C. Higinbothom, Ellicott City, Md	ACTUAL STATE !	DATE SIGNED
EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, PARCOLOGY PROPERTY OF CREMATORY PROPERTY PROPERTY OF CREMATORY PROPERTY PROPERTY OF CREMATORY PROPERTY PROPERTY PROPERTY PROPER		D ASSISTANT MEDICAL EXAMINER
NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stote) REMOVAL (Specify) Ellicott City, Md 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR DEC 2 1965 F.C. Higinbothom, Ellicott City, Md		
Burial CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of county) (Stote) Burial 12-2-1965 Good Shepherd AA. DATE REC'D BY HEALTH DEPT. 24B. NAME-OF REGISTRAR P.C. Higinbothom, Ellicott City, Md P.C. Higinbothom, Ellicott City, Md		AND THE PROPERTY AND THE PROPERTY OF THE PROPE
Burial 12-2-1965 Good Shepherd Ellicott City, Md 44. Date Rec'd by Health Dept. 248. Name of Registrar DEC 2 1965 F.C. Higinbothom, Ellicott City, Md		Y or CREMATORY 23D, LOCATION (City town or county) (State)
Burial 12-2-1965 Good Shepherd Ellicott City, Md 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR DEC 2 1965 C. Funeral director F.C. Higinbothom, Ellicott City, Md		
DEC 2 1965 P. C. Higinbothom, Ellicott City, Md		Ellicott City.Md
DEC 2 1965 Ref E. Jackey F.C. Higinbothom, Ellicott City, Md	AA, DATE REC'D BY HEALTH DEPT. DAR NAME DEGISTED	
	DEC S 1200 OPPORTO C' dominio	F.C. Higinbothom, Ellicott City, Md
	VS 151-REV. 1/1/65	



75	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the ch	iief medical examiner	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a shows: (1) An accident of any nature: (2) Bo	a medical examiner.	the body was released to the hospital by a medical examiner. Also, it the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased
was D.O.A. at a hospital (except where th	ne physician who pron	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No phys	sician was in regular o	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	the remains are embalr	med or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 192	CERTIFICA	ATE OF DEATH Registered No.	5 12312
M.E. CASE NO. 1. NAME OF DECEASED IType or Print) SPENCER B	ALL BEST	2. DATE AND HOUR OF DEATH	- 1410 Am
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	
HOSPITAL OR oddress or locotion)		A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RUR)	AL ond give township)
UNIVERSITY	1 HOSPITAL	Towson	3300
8		1021 MARLEIGH C	RCLE
5. SEX 6. RACE CALL	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) M. S. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
courty Appli 1 Coll	US PROPERTY - FISH	n ma	CITIZEN OF WHAT COUNTRY?
TURNER BEST		VELNA MANSFIELD	
15. Was Deceased Ever in U. S. Armed Forc (Yes, no or unknown) III yes, give wor or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4 MRS. PHYLLI S BEST	ADDRESS
18. / _ 2. /	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY (A) DR	owno GENIC CARCANOMA	2 ms
(This does not meon the mode of heart foilure, osthenia, etc. If means injury or camplication which caused	dying, e.g., DUE TOM the disease, death.)	FIRSTATE LIVER	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if a rise to the obave cause (A)			**************************************
UNDERLYING CONDITION last.			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	TED TO THE SENTIC	Em A	
U 194 DATE OF OPERATION 1198 CONE	ORMED GENC CA	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSES	
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	in or obdut 21 C. WHERE DID III in Bollimore Cit office blog., INJURY OCCUR?	y, give exact location)
21D. TIME Month) Doy) (Year)		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi		
22. I certify that (4) (this hospital)	ottended the deceased from	11-17 1965 10 11	-27 19 60
that (M (we) lost sow the deceased	alive an 11-27	19 65 and that in(my) (our) opinion	death occurred on the date
and hour and from the causes state	ed obove. (H'(We) (did) (did nor)		
23A. SIGNATURE			A DATE SIGNED
Mulala 13	M.D. At		1/27/65
23C. PHYSICIAMS NAME IType) E. J. LINBER	6 M.D.	23D. ADDRESS UNIVERSITY MUSPITA	2
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CE	REMATORY 24D, LOCATION ICity, 1	own, or county) State)
BURIAL Nov3919	65 PARKWOODCEME	TERY TARKVILLE MAR	YLAND
DEC 2 1965 P. C. S.	258 NAME OF REGISTRAR	WA WK BROOKS TOWSON TO	050 YORKES RD
VS 150-REV. 1/1/65	7 0 70	10 10 10	

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TREASE BEST

Q M

UNIDERSTY HOSPING TOWSON

1021 MARLEIGH CLECLE

3/8/10

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E. J. LINBERGE

MUNDERFITH HOSPITHE

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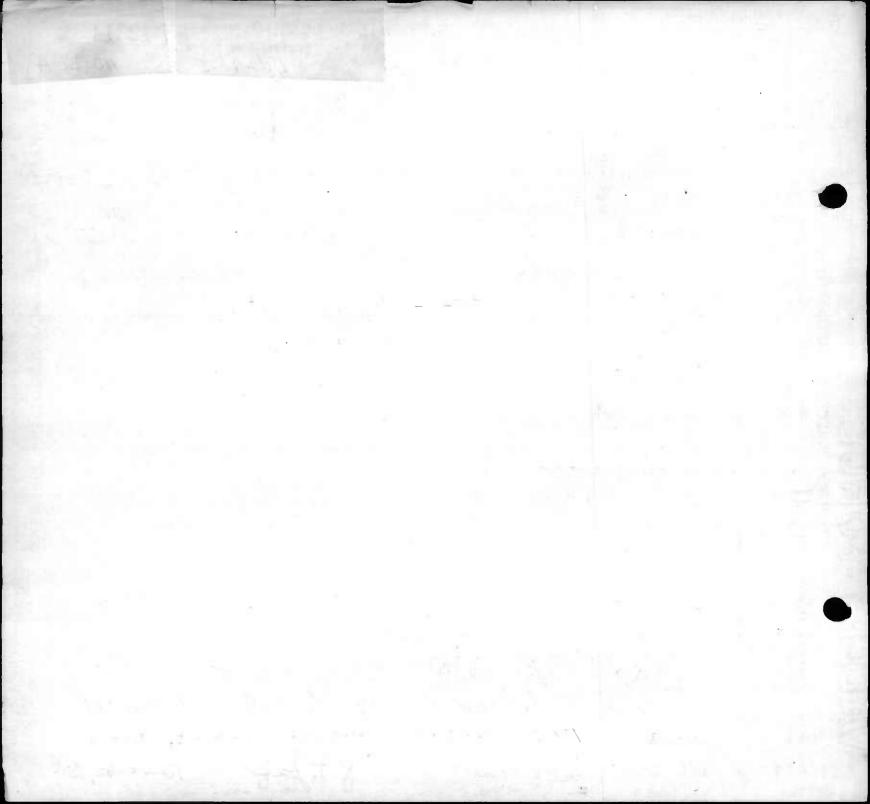
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65 12313 BALTIMORE	RE CITY HEALTH DEPARTMENT
BIRTH NO. CERTIFI	FICATE OF DEATH Registered 65 12313
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
the second secon	NOV. 27, 1965 9:05 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odr
FILL MARK OF Mines in bracing as institution of the	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	DAITIMADE
SINAI HOSPITAL OF BALTIMON	
	4403 PENHURST AVE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	
FEMALE CAUC MARRIED 100. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDI	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDIdone during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Clerk Hutzler Dept. St	tone Dennewlemnia II C &
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15, Was Deceased Ever in U. S. Armed Forces? 16. SOCHAL	17. INFORMANT ADDRESS 1
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	649 Mr. Edward M. Hardy-4403 Penhurst Ave. Bal
	AUSE OF DEATH INTERVAL BETWEE
DISEASE OR CONDITION DIRECTLY	ONSET AND DEA
LEADING TO DEATH	Coronary thrombon's Centher
(This does not mean the made of dying, e.g., a.)	TO menters
I thinky of complication which coused dealth 1	Arteriosclevais 6541
ANTECEDENT CAUSES	TO
DISEASES OR CONDITIONS, if any, giving 2 3	
rise to the above cause (A) stating the UNDERLYING CONDITION lost.	
	Epilepsy (by his of)
O THE DEATH BUT NOT RELATED TO THE	the Khala (The ma).
DISEASE OR CONDITION CAUSING IT.	[20A A 1120 DAY (V N.)] 20B 15 19 19 19 19 19 19 19 19 19 19 19 19 19
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N 20A-AUTOPSY? (Yes of Not) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	RY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, str	street, office bldg., INJURY OCCUR?
0	RED 21F. HOW DID INJURY OCCUR?
S OF INJURY	
(APPROX.) Work At	At Work
22. I certify that (this hospital) attended the deceased fram	m //00,2/ 19 10 10 19
that \$ (we) last saw the deceased alive an NO VE ?	27 19 65 and that in (4) (aur) apinian death accurred on t
and haur and from the causes stated above. (We) (did) (date	view the bady after death.
23A. SIGNATURE	23B. DATE SIGNED
13.16. Chr.	D. Attending Med. Stoff Phys. 1/28/6
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Benjamin R. Chipman	M.D. Sinai Hospital Baltimore, Md.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
Burrial 12/1/65 Lorraine Pari	rk Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	Loring Byers-8728 Liberty Rd. Randalls
DEC 2 1965 P.C. H. 2 Follows	mittig plata-also mineral una ununertis

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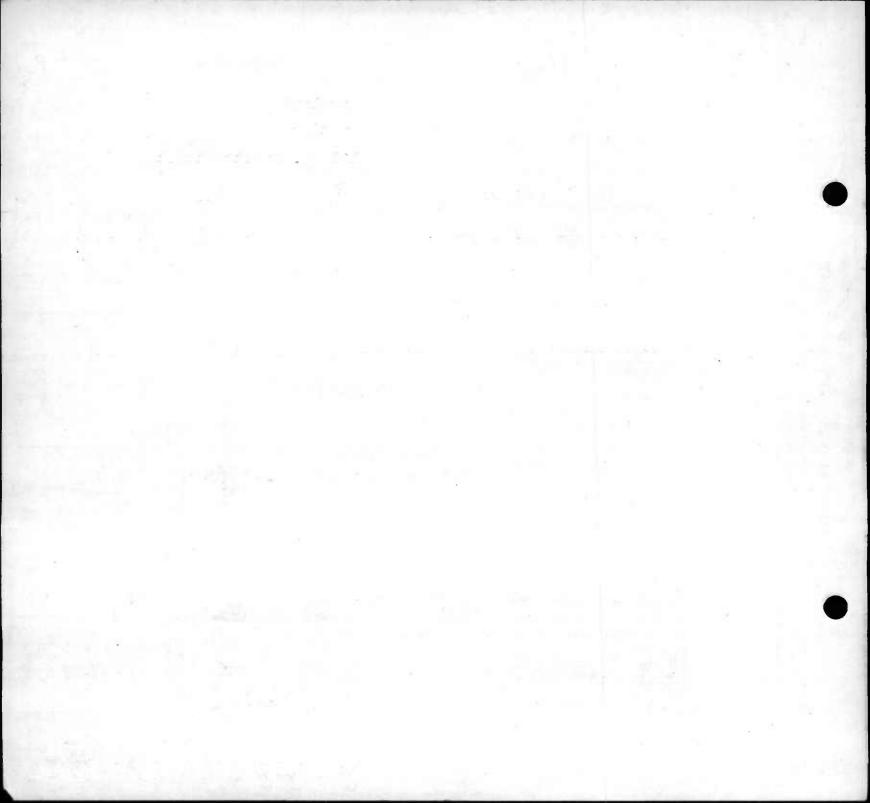
ering Sycrae 8725 Liberty Ld. Dar bilinburm

	BALTIMORE CITY	HEALTH DEPARTMENT	
MRTH NO. M.E. CASE NO. 65 12314	CERTIFICA	TE OF DEATH Registered	No. 12314
1. NAME OF DECEASED		2. DATE AND HOUR OF D	EATH
(Type or Print) JONES,	DOROTHEA	11/29/65	10:30 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	d. If institution: residence before admission)
FULL NAME OF (If not in hospital or instit	ution, give street	DELAWARE	
HOSPITAL OR oddress or location) INSTITUTION			write RURAL and give township)
M& GENERAL	- HOSPITAL	NEWARK	1-01
BALTO., m	d	D. STREET ADDRESS (If rural, give tocotions)	DRIVE
	RRIED, NEVER MARRIED	8. DATE OF BIRTH 91 AGE (In years)	
FEMALE WHITE	MAPPIED (specify)	1/4/12 53	Month's Day's Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KI done during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		MARILLAND	USA
3. FATHER'S NAME		MARYLAND	1 200. (
EWALD WERNER		SusiE SCHAUE	0
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of se	security No. 212-07-597	BROTHER	
118.	CAUSE C	0,00	INTERVAL BETWEEN
1/0,0			ONSET AND DEATH
DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH	CIM	CONOMATOSIS	
(This does not mean the made of dying,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
heart failure, asthenia, etc. It means the di injury ar camplication which caused death.	sease,	unona y ovary,	MATERAL
ANTECEDENT CAUSES	(B) UT IIV	Just III	
DISEASES OR CONDITIONS, if any,			
rise la the abave cause (A) stating	g the IC)		
ONDERENING CONDITION IGS.			
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING		
TO THE DEATH BUT NOT RELATED 1 DISEASE OR CONDITION CAUSING IT.	TO THE		
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, I	WERE FINDINGS CONSIDERED
E		165 9	45
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in 86 INJURY OCCUR?	oltimore City, give exact location)
DEATH (nonty medical examine)			
21D. TIME (Month) (Doy) (Year) (House	While At Not Whi	21F. HOW DID INJURY OCCUR?	
(APPROX)	Work At Work		
22. I certify that (# (this hospital) atter	nded the deceased, fram	11/27 1965 to	11 39 1965
that (1) (we) last saw the deceased aliv	e an 11/29	19 6 and that In (my) (evil	Tapinian death accurred on the dat
and hour and from the causes stated also			
23A. SIGNATURE			23B. DATE SIGNED
Sange OT To	WER LAD M.D. AH	ending Med. Stoff Phys.	11/29/105
23C. PHYSICIAN'S NAME (Type)	vers the	23D. ADDRESS	1110/103
1 2010 1 1	STATE AC M.D.	MARRIAN CO	1 4-0.7.1
	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
REMOVAL (Specify)			
201202	Gracelawn Men	A 1	st, Delaware
0	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS (A)
DEC 2 1965 P. O. L. 2.	JULIAN CO	1 Jouens	10monte Nev
VS 150-REV. 1/1/65	a sale of	I took hid	

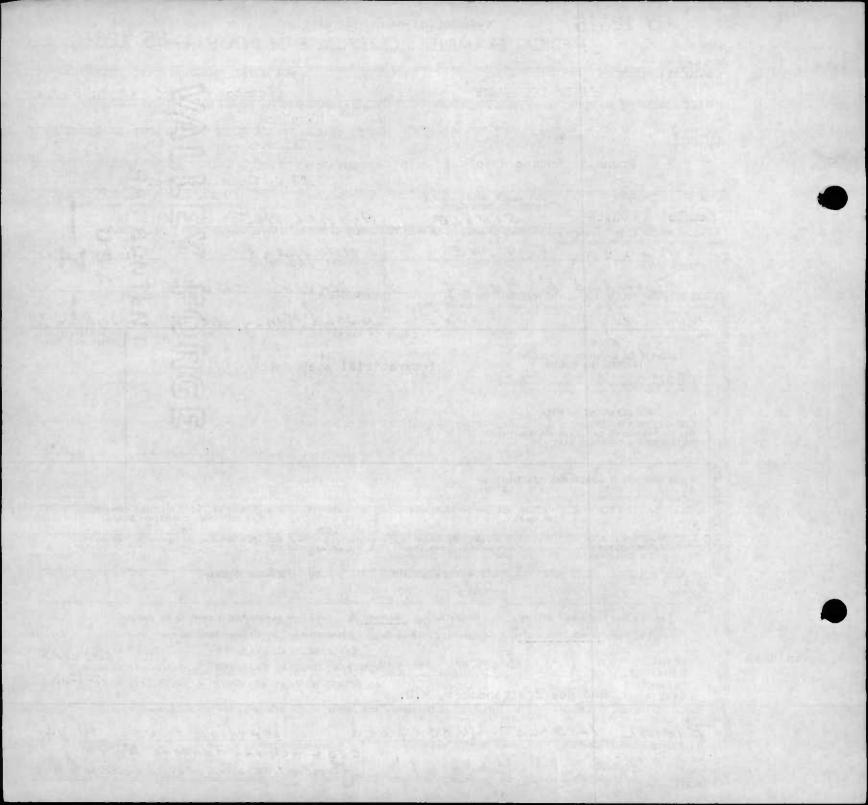


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approved by the chief medical examiner or his assistant if death occurred in a hospital and	to the hospital by a medical examiner. Also, if the direct or contributing cause of death	-	0	0	0
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P	0	=	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	0	S
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Ce	0	5		0	0
W	-	3	S	0	1+1
=	16	5	0	0	L
This certificate must be c	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	3	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

65 12315 BALTIMORI	E CITY HEALTH DEPARTMENT
BIRTH NO. CERTIF	ICATE OF DEATH Registered No. 55 12315
1. NAME OF DECEASED (Type or Print) MARY HARTINE	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland C. CITY OF TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	Baltimore
LIONUS HOPKINS MOSPITAL	O. STREET AOORESS (If rurol, give location)
	1219 W. FayetteStreet
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec) Widow	94
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during mgst of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE DOMESTI	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Gullnown
15. Was Oeceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANTE
NO NONE	PATIENT
4011	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
/DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	truite, nun cardial enfanction 124.
(This does not mean the mode of dying, e.g., OUE in heart failure, asthenia, etc. It means the disease,	truk myocardial enfanction 124.
injury or complication which coused death.)	white loves -
OUE	10
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)	
UNDERLYING CONDITION Iosi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Nutrition 1 year
TO THE DEATH BUT NOT RELATED TO THE LOTT LEV	wer Loke Premen i effuseer 3 wks
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes of No.) 2080 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, st	Y (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact locotion) treet, office bldg., INJURY OCCUR?
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
(APPROX.) Work A	1 Work 11 120/65
22. I certify that M(this hospital) attended the deceased from that M (we) last sow the deceased clive an	1 10 10 10
	19 65 and that In (my) (our) apinian death accurred an the dat
and hour and from the causes stated above. (N (We) (did) (did	mot) view the bady after death.
11) H 2001110. 811 M.C	D. Attending Med. Stoff St.
23C. PHYSICIAN'S	Phys. Director Phys. 2
NAME (Type)	MO. INLANC HOOKING HOOKING
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	70MOS VICPATIOS VICESTIC
REMOVAL (Specify)	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
DEC 2 1965 P. D. B 2 Farmer 0	GEVIL Schwister 2101 Frederick an
VS 150-REV. 1/1/65	0 7 0



65 12316 BALTIMORE CITY HE	
BIRTH NO. 45-22308 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Register 100.12316
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) BRENDA LEE MUNCY	2. DATE AND HOUR PRONOUNCED DEAD
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	December 1, 1965 6:15 A M.
	A. STATE Maryland B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Franklin Square Hospital	D. STREET ADDRESS (If rurol, give locotion) 1527 W. Lombard Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
female white SINGLE	Ay 945t 6, 1965 3
IOA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	
Nove NovE	MARYLAND U.S.A.
13. FATHER'S NAME	^ ^
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	
NO NOVE NOVE	Donald Muney 1527 W. Lumbard St
IIB. S CAU	JSE OF DEATH INTERVAL BEIWEEN ONSET AND DEATH
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. Date of Operation 198. Condition for which operation	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES
VALUE OF INJURY (e., blome, form, foctory, street, etc.) 218, PLACE OF INJURY (e., blome, form, foctory, street, etc.)	g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location), office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURREI OF INJURY (APPROX.)	21 F. HOW DID INJURY OCCUR?
22.	Autopsy X and that on this basis, death in my opinion
	cide Hamlolde Undetermined monner
77 7	CHIEF MEDICAL EXAMINER
ACTUAL AUTUMNET	DATE SIGNED
EXAMINER'S NAME (Type) Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER 12-1-65
23A. BURIAL CREMATION, 238. DATE 23C. NAME of CEMETER REMOVAL (Specify)	Y or CREMATORY 23D. LOCATION (City, town, or county) (State)
BUPIAL 12-3-65 UNDER W	24C. FUNERAL DIRECTOR HINES W. VA.
DEC 2 1965 Reut 2. Falling	Trancio Hamilla 2001 Heduis are
VS 151-REV. 1/1/65	



A.E. CASE NO.					
NAME OF DECEASED	144			AND HOUR PRONOUNG	
GEORGE H. WARE			Nov	ember 30, 19	965 8:00 PM
. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	A. STATE Marylan	ere deceased lived. If ins	stitution: residence before odmission UNTY
ULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTI	ION, GIVE STREET			te RURAL and give township)
ISTITUTION			Baltimo	re	11-01
212 E. Preston St			D. STREET ADDRESS (If rui	rol, give location)	1101
212 E. Preston St	reet		212 E.	Preston Stre	et
SEX 6. RACE		EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr, If Under 24 Hrs
male negro	UNKN	OWN	6-4-188	2 83	Months, Doys, Hours, Min.
A. USUAL OCCUPATION (Give kind of work one during most of working life, even if refired)	k TOB. KIND OF B	BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
RETIRED		•	UNKNO		Quantities (
FATHER'S NAME	21		14. MOTHER'S MAIDEN NA	KNOWN	
UNKHON				KINOSIN	The second secon
es, no or unknown) (II yes, give wor or dote	of service)	SECURITY NO.	17. INFORMANT	V 7	ADDRESS D. 1/1' D. T.
NKNOWN	19.7	-	SAM FIELD,	KEYSER L	Building BALTO. Z
(This does not meon the mode of heart foilure, asthenia, etc. It means injury or complication which coused to	dying, e.g.,	(A) Heart DUE TO car	failure and ure cinoma of the p	mia rostate	
(This does not meon the mode of heart foilure, asthenia, etc. It meons injury or complication which coused to the second of the	dying, e.g., s the disease, deoth.) ES ANY, GIVING TATING THE CONTRIBUTING	(B) DUE TO (C)	failure and ure	mia rostate	
(This does not meen the mode of heart foilure, ostherio, etc. It means injury or complication which coused to the state of	dying, e.g., the disease, deoth.) ES ANY, GIVING TATING THE . CONTRIBUTING LATED TO THE	(B)(C)	•		
(This does not meon the mode of heart foilure, asthenia, etc. It means injury or complication which caused of the mode of heart course of the mode of	dying, e.g., the disease, death.) ES NY, GIVING TATING THE CONTRIBUTING LATED TO THE D IT.	(B) DUE TO (C)	20A. AUTOPSY? (Yes or N		PINDINGS CONSIDERED USES OF DEATH?
(This does not meon the mode of heort foilure, ostherio, etc. It meons injury or complication which coused of the mode of heort foilure, ostherio, etc. It meons injury or complication which coused of the mode o	dying, e.g., the disease, deoth.) ES NY, GIVING TATING THE CONTRIBUTING LATED TO THE JITTON FOR WIT FORMED	(B)	•	o) 208. IF YES, WERE F	JSES OF DEATH?
(This does not mean the mode of heart foilure, ostherio, etc. It means injury or complication which coused of the mode of the	dying, e.g., the disease, deoth.) ES NY, GIVING TATING THE CONTRIBUTING LATED TO THE JITTON FOR WI FORMED 21B, PL home, elc.)	(B)	20A. AUTOPSY? (Yes or N NO in or obout 21C, WHERE DID	O) 20B. IF YES, WERE FIN CERTIFYING CAL	JSES OF DEATH?
(This does not meen the mode of heart foilure, ostherio, etc. It means injury or complication which coused of the mode of the	dying, e.g., the disease, deoth.) ES NY, GIVING TATING THE CONTRIBUTING LATED TO THE 3 IT. IDITION FOR WITH Home, etc.)	(B)	20A. AUTOPSY? (Yes or N no in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	O) 20B. IF YES, WERE FIN CERTIFYING CAL	JSES OF DEATH?
(This does not mean the mode of heart foilure, ostherio, etc. It means injury or complication which coused of the	dying, e.g., the disease, deoth.) ES ANY, GIVING TATING THE LATED TO THE GIT. IDITION FOR WH FORMED 21B, PL home, etc.) (Hour) 21E, WH m. WC	(B)	20A, AUTOPSY? (Yes or N NO in or obout 21C, WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID IN	O) 20B. IF YES, WERE FIN CERTIFYING CAL	give exoct location)
(This does not meen the mode of heort foilure, osthenio, etc. It meens injury or complication which coused of the	dying, e.g., the disease, deoth.) ES ANY, GIVING TATING THE ATED TO THE B IT. BDITION FOR WITHOUTH THE CONTRIBUTION FOR MED 218. PL home, etc.) (Hour) 218. WH m. WC	(B)	20 A. AUTOPSY? (Yes or N OO in or obout 21C, WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID IN WHILE VORK ond that on	O) 20B. IF YES, WERE FIN CERTIFYING CAL (If in Boltimore City, 4	give exoct locotion) my opinion
(This does not mean the mode of heart foilure, osthenio, etc. It means injury or complication which coused of the	dying, e.g., the disease, deoth.) ES ANY, GIVING TATING THE ATED TO THE B IT. BDITION FOR WITHOUTH THE CONTRIBUTION FOR MED 218. PL home, etc.) (Hour) 218. WH m. WC	(B) DUE TO (C) HICH OPERATION ACE OF INJURY (e.g., lorm, lactory, street, lorm, lactory, street, lorm, lactory, street, lord, lo	20A. AUTOPSY? (Yes or N DO in or obout 21C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN WHILE vork topsy ond that on de Homicide CHIEF MEDICAL ASSISTANT MEDICAL	O) 20B. IF YES, WERE FIN CERTIFYING CAL (If in Boltimore City, and a comparison of the comparison of	my opinion DATE SIGNED
(This does not mean the mode of heart foilure, ostherio, etc. It means injury or complication which coused of the	dying, e.g., the disease, deoth.) ES ANY, GIVING TATING THE LATED TO THE SIT. IDITION FOR WITH FORMED 21B, PL home, elc.) I) (Hour) TO THE WH TO THE T	(B) DUE TO (C) HICH OPERATION ACE OF INJURY (e.g., lorm, lactory, street, lorm, lactory, street, lord, l	20A. AUTOPSY? (Yes or N DO in or obout 21C, WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID IN WHILE VORK topsy ond that on de Homicide CHIEF MEDICAL	O) 20B. IF YES, WERE FIN CERTIFYING CAL (If in Boltimore City, and a comparison of the comparison of	give exoct locotion) my opinion ner
(This does not meon the mode of heart foilure, ostherio, etc. It meons injury or complication, which coused of the course of the	dying, e.g., the disease, deoth.) ES ANY, GIVING TATING THE CONTRIBUTING LATED TO THE SIT. IDITION FOR WINFORMED 21B, PL home, elc.) IN (Hour) 21E WH m. WC Region According to the sit. Breitened	(B) DUE TO (C) HICH OPERATION ACE OF INJURY (e.g., lorm, lactory, street, lorm, lactory, street, lord, l	20A. AUTOPSY? (Yes or N DO in or obout 21C, WHERE DID office bidg, INJURY OCCUR? 21F. HOW DID IN WHILE VORK topsy ond that on Homicide CHIEF MEDICAL ASSISTANT MEDICAL ASSOCIATE MEDICAL	O) 20B. IF YES, WERE FIN CERTIFYING CAL (If in Boltimore City, gas) IJURY OCCUR? this bosis, death In Undetermined monr EXAMINER EXAMINER EXAMINER	my opinion DATE SIGNED

DEC 3 1965 P.O. 4 9 30 4 44 VS 151-REV. 1/1/65

Nicholas T. MATTHEWS, 3021 EASTERN AVE. #24

59 SA -POSA SASA CI KENERSYLV Sam Field , Keysen Building Susse. CREMENS 12-2-65 CARRENGER CENERGY BRETINES TRENJANT Nicholas T. Matthews 3000 Eurona dec Marin Harris

BALTIMORE	CITY	HEALTH	DEPA	RTME	NT

BIRT	H NO. 65 1	2318	MEDICAL	EXAMINER'			E OF [DEATH Register	red No	318
1. N	CASE NG.	SED				[2		D HOUR PRONOUNCE	D DEAD	
Тур	e or Print)	CHA	RLES A	FAI	LK		Decem	ber 2, 1965		8:15 A
C	ERTIF	TE NOT IN	HOSPITAL OR IN	HOUNCED DEAD	D '	Mar	yland	deceosed lived. If insti B. COU	NTY	
HOS NST	PITAL OR TUTION	ADDRESS	R LOCATION)	12-9-69	5		timore	600)	A Dec
	1125 Wic	omico	Street		C	o. STREET ADDRE		give locotion) omico Street		
5. SE	x 6. F	White		ELED, NEVER MARRIED ED, DIVORCED(specify		DATE OF BIRTH	1910	9. AGE (In yeors lost birthdoy)	If Under Months	1 Yr. If Under 24 Doys Hours M
	SUAL OCCUPATION WORK			D OF BUSINESS OR IN	IDU STRY 11	BIRTHPLACE	71.	in country)	12. CITIZE	T COUNTRY?
r3, f	ATHER'S NAME	Pur 1	4.	Falk	14	MOTHER'S MAI	6 V V	The state of the s	111	por S
	no or unknown) (If					Mayle	2/ 1	1 Tolk	ADDRESS	Sport-
1	IB.	13			CAUSE C	F DEATH	1 2	7000	J. KC	INTERVAL BETWE
	DISEASE	OF CONDI	TION DIRECTLY							ONSET AND DEA
	(This does not heart loilure, ast	ADING TO meon the thenio, etc.	DEATH mode of dying, It means the dise	e.g., DIIE TO		sclerotic	Heart	Disease.		
	injury or complic	cotion which	coused deoth.)						- 19	
		CONDITIO	CAUSES NS, IF ANY, GIVI	(B)						
		BOVE CAUS	SE (A) STATING T		0					
Z	ONDEREIMO	CONDITIO	t LASI.	(C)						
CATION		II								Marin III
ERTIFICA		ATH BUT	DITIONS CONTRIE NOT RELATED T CAUSING IT.		atty I	iver and	Cirrho	osis.		
3	9A. DATE OF OP		98, CONDITION F	OR WHICH OPERATIO	N	20A. AUTOPSY?	(Yes or No)	208 IF YES, WERE FIN		ATH?
0	2					Yes				res
O	21 A. EXTERNAL C UNDERLYING OR UTING CAUSE	CONTRIB-		21B, PLACE OF INJUR home, form, foctory, etc.)	RY (e.g., in street, office	or obout 21C. Whose bidg., INJURY	IERE DID	(If in Boltimore City, give	ve exoct lo	cotion)
Σ	21D TIME (NO DE INJURY (APPROX.)	Nonth) (Do	r) (Yeor) (Hour	WHILE AT	NOT WE	HILE	JENI DID W	JRY OCCUR?		
	22.	that I hale	an Inquiry	7	Autor		that an thi	is basis, death in m	w sainless	
						—		is basis, death in m		
	resurreu	Train: Nai	ural causes X	Accident	Suicide	Hamicide		Indetermined manne	sr [
	ACTUAL	(1)	1 - 0.	1/	-					DATE SIGNE
	SIGNATUR EXAMINER NAME (Typ	'5	rles S. P	etty, M.D.		SSISTANT ME		gennang		12/2/65
23A.	BURIAL CREMA		DATE	23C. NAME OF CEM	LETERY OF	CREMATORY	23D. L	OCATION (City	lown, or g	gounty) (State
244	DATE REC'D BY	HEALTH DE	PT. 1248. NA	ME OF REGISTRAR .	Her	LILL CHERAL	DIRECTOR	sull +)	Ind	DDRESS
-7.	DEC 3	1965		, Farlum.		affect	1 Pa	11011/ + Su	10 Air	
VS	151-REV. 1/1/65					1	1.00	100	Cal be	11.

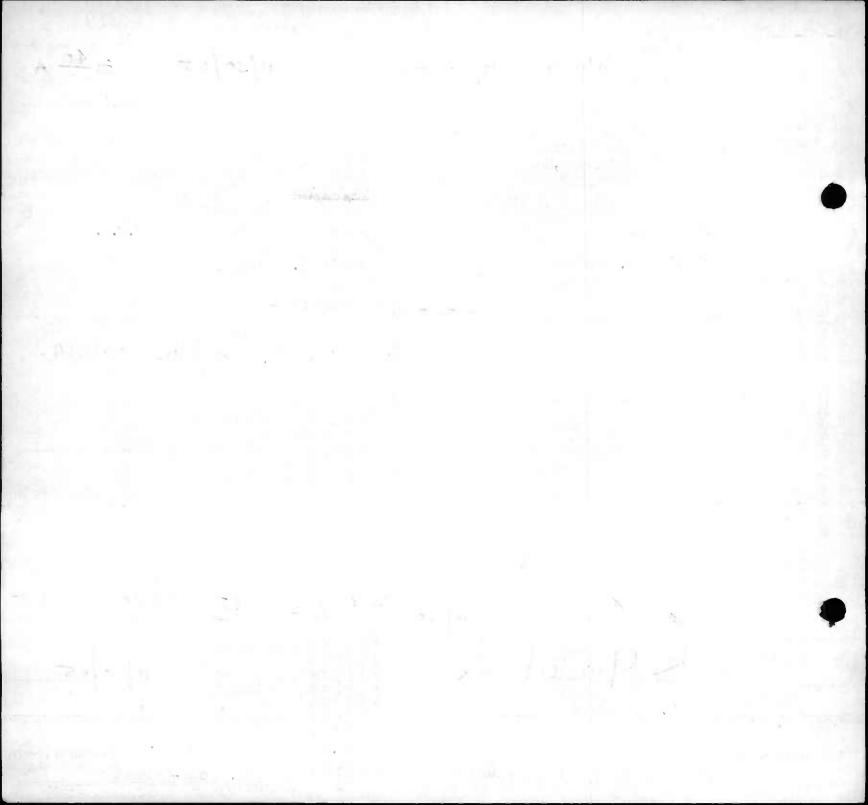
V.S. 153 12-9-65 M.H.

VS 150-REV. 1/1/65

SAB-

BALTIMO	RE CITY HEALTH DEPARTMENT 65 12319
BIRTH NO. 65 12319 CERTII	FICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) WILLIAM Humme	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Whole deceased lived, If institution: lesidence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland Baltimore
Baltimore City Hospitals	C. CITY OR TOWN (If outside city limits, write RURAL and give township) Catonsville
4940 Eastern Avenue	D. STREET ADDRESS (If jurol, give location)
Baltimore, Maryland	315 Shady Nook Avenue 21222
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if retired)	Maryland 11. BirthPlace (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William A. Hummel	Annie L. Touhy
15. Wos Deceased Ever in U. S. Armed Forces? (Yang or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO	17. INFORMANT ADDRESS
216-16-6	D TOTAL ACAD De et esse Assesses
	AUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A) (This does not mean the mode of dying, e.g., DUE	Carcinowa of Epiglottis Nov. 64-
hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	TO
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
II .	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED 19A-ACCIDENT WAS UNDERLYING 121B. PLACE OF INJUR	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO	DN 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBITING CALLSE OF	RY (e.g., in or about 21 C. WHERE DID street, office bldg., INJURY OCCUR?
DEATH (notify medical examine) Q 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURS	
OF INJURY	
	Not While At Work
22. I certify that 🌇 (this hospital) ottended the deceased fro	om 3 29 19 65 to 11 30 19 65
that Mr (we) lost saw the deceased alive on 11 30	19 (05 and that in (my) (our) opinion death occurred on the date
and hour and from the causes stated above. (I) (We) (did) (did	
23A STONATURE	L.D. Attending Med. Stoff
23C. PHISICIAN'S CASICI CALLEX	Phys. Director Phys. U 11 30 65
NAME (Type)	23D. ADDRESS
D.Gasterland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER)	M.D. 4940 Eastern Avenue, Baltimore, Maryland
REMOVAL (Specify)	
Burial 12/3/65 New Cathede 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	eral Cem Baltimore, Md. 25C. FUNERAL DIRECTOR ADDRESS
DEC 3 1965 P. P. & Fallyna	Walters Funrl. Home- Pratt &

Stricker STs.



			BALTIMORE CITY	HEALTH DEPARTMENT			
	TH NO.	65 1232	CERTIFICA	TE OF DEATH	Registered No.	5 42320	
1.1	NAME OF DECEASED	1.1	avlicek		130/65 SEATH	-30 P	
3.	PLACE OF DEATH IN BALT			4. USUAL RESIDENCE (Whe	ore deceased lived, thin	stitution: residence before odmission)	
		t in hospital or instituti ss or location)	on, give street			RURAL ond give township)	
13	CITY H	SPITI	AL		rurol, give location) DONN ELL	ST	
10.		wido	DED, NEVER MARRIED WED, DIVORCED (specify) DER RIE OF BUSINESS OR INDUSTRY WESTERN	B. DATE OF BIRTH Nov. 27, 1918	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	ne during most of working lite, ex MACHINE OF FATHER'S NAME	PENATOR	ELECTRIC Co.	DETROIT -	MicH.	21. S. a.	
	JOHN H	AVLICE	EK	MARY	STANK	A	
15. (Ye	. Was Deceased Ever in U. Ses, no or unknown) (If yes, give	Armed Forces? wor or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
V	VWII		CAUSE O	MARIE	HAVLIC	EK - WIFE INTERVAL BETWEEN	
	DISEASE OR CON		CAUSE		INEAR	ONSET AND DEATH	
	(This does not mean the heart foilure, asthenia, et injury or complication when	c. II meons the dise		M 40CA RDIA	Acu	le	
	ANTECEDEN		(B)	Coronary Th	would Di	minules	
	DISEASES OR CONDIT	couse (A) sloling		Arterio	sclevey's	years	
ATION	OTHER SIGNIFICANT COI TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	TING THE				
ERTIFIC.	19A-DATE OF OPERATION		OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CALCE	OR CONTRIBUTING CA	USE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)	
MEDI	OF IN HIRY	Doy) (Yeor) (Hour)	21 E. INJURY OCCURRED While At Not While Work Not Work		JURY OCCUR?		
	22. I certify that (I) (the that (I) (we) lost saw that			17		M/4 19 6),	
ond hour ond from the couses stoted above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Cul (7 Kerufulla Attending Med. Director Phys.							
	23C. PHYSICIAN'S NAME (Type)	G. Show	houles M.D.	23D. ADDRESS 6511_6'	Donnel	1 st. md.	
24	A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. I		ity, town, or county) (Stote)	
25	A. DATE REC'D BY HEALTH	2/4/65 C DEPT. 25B. NA/	STANISZI ME OF REGISTRAR	25C. FUNERAL DIRECTO	RALTIMOR	ADDRESS	
Ve	DEC 3 1965	00,50	Tall to 0	1 Obsetter	Dabrowski	- 1005 Dunder	

CITY HOSPITHE Retroited The tens

	BALTIMORE CITY HEALTH DEPARTMENT						
	BIRTH NO. 65 12321 CERTIFICATE OF DEATH Registered No. 65 12321						
15	M.E. CASE NO. I.NAME OF DECEASED Type or Print)	C/14/1/	2. DATE AND HOUR OF DEAT	H A A A			
	B. PLACE OF DEATH IN BALTIMORE MARYLAND	-CWilliams	USUAL RESIDENCE (Where deceased lived, If	institution residence before admission			
	THE OF DEATH WE WELLING MAKENING	Ä.	STATE B. COUNTY	1 H COS - L			
	FULL NAME DF (II not in hospital or institut HOSPITAL DR oddress or location) INSTITUTION		CITY OR TOWN Of Outside city limits, wife	RURAL ond give township)			
4	3		Baltimoft	# 2/230600			
ó	South Boltimore G	ENERAL HOSP	STREET ADDRESS W rurol, give locotion)	St Bood heek			
made		HED, NEVER MARRIED 8. D	ATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months: Doys Hours Min.			
so L	Tempho white	vidow. 11	1-9-1879 86				
	done during most of working lite, even if retired	OF BUSINESS OR INDUSTRY IT:	BIRTHPLACE (State or foreign-country)	12. CITIZEN OF WHAT COUNTRY?			
Ĭ.	Yourewife - CUT	Nono	MOTHER'S MAJOEN NAME	0.5-14.			
disposition	JAMes LO ALL	19topy	CAROLINA Be	104			
	5. Was Deceased Ever in U. S. Armed Foices? Yes, no or unknown](If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO 2/2 17.	NFORMANTAIRS, H, LDA-M,	PAIN ADDRESS			
final	140-	30-4750 4	AUGHTER) - 3.2 EIRBYDA	1457, (2/230)			
or	18.4 43 XI	CAUSE OF DI	АТН	INTERVAL BETWEEN ONSET AND DEATH			
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Good	- Hemmohase				
balm	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the dise		pl Hemorrhage fenorie actoriosch				
nbc	injuly of complication which coused death.)	Hanne	towar a Cotto is all				
mee	ANTECEDENT CAUSES	DUE TO D	l'Alter le Chia				
are	DISEASES OR CONDITIONS, if ony, gi						
ins	UNDERLYING CONDITION lost.						
оше	DTHER SIGNIFICANT CONDITIONS CONTRIBU						
9	DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED			
+	198. CONDITION WAS PERFORMED	or which oreganon	IN CERTIFYING C	AUSES OF DEATH?			
before the remains	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in or home, form, foctory, street, office etc.)	obout 21C. WHERE DID (If in Boltim bldg., INJURY OCCUR?	ore City, give exact location)			
- 11	21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
ained	(APPROX)	While At Work Not While At Work					
optio	22. I certify that (#(this hospital) attend	The decoused Holli	1-28 1963 10	12-2 1965.			
pe	that (we) last sow the deceased alive	12-2	19 6 5 ond that In (mp) (our) a	pinion deoth occurred on the dote			
	and hour and fram the couses stated abov	e. (1) (We) (dld) (dld not) view	the body ofter death.				
must	23A. SIGNATURE	M.D. Attending	Med. Stoff	23B, DATE SIGNED			
۸۵	23C. PHYSICIAN'S NAME (Type)	Phys. [23D.	ADDRESS Phys.	12/6/			
approval	NAME (Type)	M.D. /	2134194157-00	40, 19 d 21230			
	24A. BURIAL CREMATION, 24B. DATE DOWN 24B. REMOVAL (Specify)	NAME of CEMETERY OF CREMA	7 1	City, town, or county) (State)			
ritten	BURIAL Perib-1965 1	Lest PRACemeter	1,BBLTOUNDO	010			
.= 1	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	POOR FUNERAL DIRECTOR CURTIS	. LVANSADDRESS			

IVES/ MINUTINET (114 FUNERAL DIRECTOR 3 0 VS 150-REV, 1/1/65

SMITTE T. STANS

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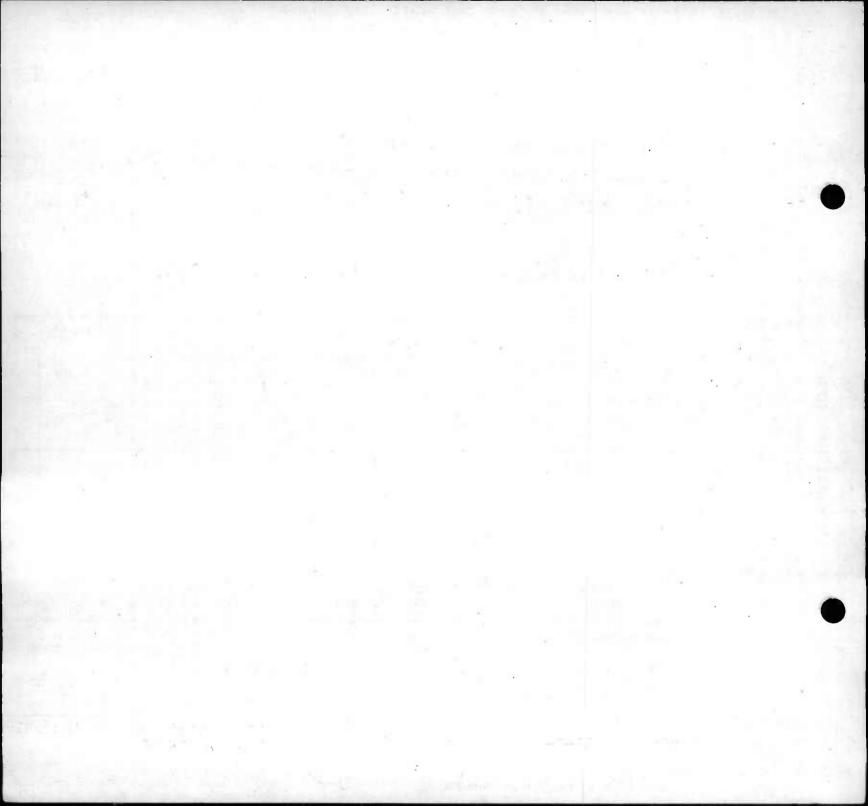
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19299

MRTH NO. 65- 29844		TE OF DEATH	Registered No.	5 12322
NAME OF DECEASED Type or Print)	1 M. 241	2. DATE AND	HOUR OF DEATH	11:55 4
PLACE OF DEATH IN BALTIMORE, MARYL	AND 192 FJ	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		lution: residence before admission)
FULL NAME OF (If not in hospital or i HOSPITAL OR address or location)	nstitution, give street	C. CITY OR TOWN (If autsi	de city limits, write RU	RAL and give township)
1	Intigro Henry you	BAltIMOR	-	
	7	5301 Gwy	NH OHK H	VENUE
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	00 110 15	AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10) ne during most of working life, even if retired)	LKIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
FATHERS NAME		14. MOTHER'S MAIDEN NAME	E	
Fred Myers		Tharasita	MyGra	
Was Deceased Ever in U. S. Armed Forces s,na ar unknown) (If yes, give war ar dates a	? 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 7 2 0 1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC		^ ^	ando	ONSET AND DEATH
LEADING TO DEATH	(A) Ichi	opolhic Kestress Syn	5 piralony	
(This does not mean the made of dy heart failure, asthenia, etc. It means the	e disease,	thora Sun	drome	
injury or complication which caused de	(B)	11.000		
DISEASES OR CONDITIONS, if any	DUE TO			
rise to the above cause (A) st		200400000000000000000000000000000000000		
UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTO, THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		re		
19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR		20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, factory, street, or	n at about 21C. WHERE DID	III in Baltimore (City, give exact location)
DEATH Instify medical examiner) NO	etc.) none	non	e	
21D. TIME (Month) (Day) (Year) (21F. HOW DID INJU		
(APPROX) NONE	While At A Mark	u		La La Baltina.
22. I certify that # (this hospital) a				
that (I) (lost saw the deceased	alive an fi55 HM 301	Jour 19 65 and that	in(my) (apini	an death accurred an the date
and hour and fram the causes stated	abave. (1) (did) (did)	view the bady after death.		
23A. SIGNATURE	1 - 1 - 1 A	AA-1 — C		3B. DATE SIGNED
80111	Letser Phy	s. Director P	tall hy s	30 Noce 65
23C. PHYSICIAN'S NAME (Type) TOM AUS		THE JOHNS	HOPKINS	HOSPITAL
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	138	CATION (City,	ore WashintonBl
Burial 12-2-65		al Park Lau	rel, Mary	Land
DEC 9 10CT 0	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	mana	ADDRESS
150-REV. 1/1/65	2. Staniania	0 0	ford	7-

BALTIMORE CITY HEALTH DEPARTMENT



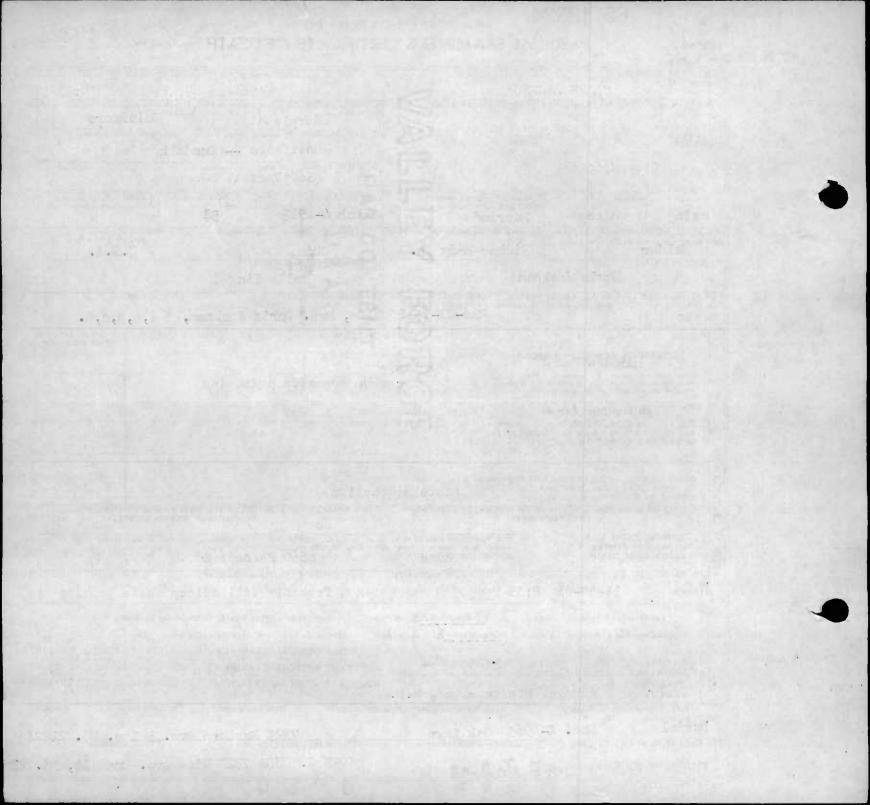
	5 12323	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	OJ Troko	CERTIFICA	TE OF DEATH	Registered No.	65 12323
M.E. CASE NO.	1/4 9997 Yr 4 9584 and			AND HOUR OF DEATH	
(Type or Print)	MARY BARTKO	KOWIAK			111
3. PLACE OF DEATH IN BALT	MORE MARYLAND	MODIFIC	4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)
			A. STATE B. CC	DUNTY	\
FULL NAME OF (If no HOSPITAL OR oddre	t in hospital or institution,	give street	C. CITY OF TOWN	(BACTI	
INSTITUTION		- 4174	. 0		RURAL ond give township)
CHURCH HO	ME & HO	SPITAL	DACT IMO	(If rurol, give location)	1-64
				IDSUN ST.	£
S. SEX 6. RACE	7 AAADDIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
- (WIDOWE	D, DIVORCED (specify)	B 34 10	70 birthday	Months Ooys Hours Min.
FEMALE (AUCA- 10A, USUAL OCCUPATION (GIV		DOW	8-31-10	19 86	100 000000
done during most of working life, e		POSINESS OF INDUSTRE	A L	foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE			Palet	ango	U.S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	,
JOHN AND	RYSIAK		JOSEPH	INE MO	ZNIAK CULLUN)
15. Was Deceased Ever in U.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, ne or unknown) (If yes, give	wor or doles or service)	None	1dagasta	0	
18. 44.4-0.01	V 3	CAUSE O	F DEATH	RECURDS	INTERVAL BETWEEN
700.0	DITION DIRECTLY	CA031 0	DEATH		ONSET AND DEATH
LEADING	DITION DIRECTLY TO DEATH	RE	LAL FAI	LURE	5 DAYS
(This does not mean th			V4C	***************************************	
injuly at camplication w	ic. It means the disease, hich caused death.)	Λ.			
ANTECEDEN			PRDSCLTR	0515	4 CARS
DISEASES OR CONDIT	NONS if any giving	DUE TO			
rise to the above	cause (A) stating the	(C)		*************************************	
UNDERLYING CONDITION	ON last.				
Z	600				
E TO THE DEATH BUT	NOT RELATED TO TH		PUIDRIC	ULCER	10 DA45
DISEASE OR CONDITION			20A. AUTOPSY? (Yes of		FINDINGS CONSIDERED
11-22-65	WAS PERFORMED	PYLORIC ULCE	. 14		AUSES OF DEATH?
O 21A. ACCIDENT WAS UN	DERLYING 218	L PLACE OF INJURY (e.g.,	n or obout 21C. WHERE DIE) (If in Boltimo	re City, give exoct locotion)
OR CONTRIBUTING CA	USE OF hon	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR	?	
2		. INJURY OCCURRED	215 404 515	INJURY O COURT	
S OF INJURY		ile AI Not Whi		INJURY OCCUR?	
(APPROX)	Wo				
22. I certify that 🖨 (th	is hospital) attended t	he deceased from	1- 22_	19 65 10	12-2 1965.
that (i) () lost sow t	he deceased alive on	12-1	19 65 and	that in (our) op	inion death accurred on the date
and hour and from the	couses stated above. (1) (12) (did) (dame)	view the body after dea		
34. SIGNATURE	1				23 B. DATE SIGNED
Maria R	in Cooser	M.D. Att	ending Med.	Stoff Phys.	12-2-65
23C. PHYSICIAN'S	m (co fee	111)	230. ADDRESS		
23C. THYSICIANS	RALL (1PO	GERE M.D.	CHURCH	16 100 h	ND HOSPITAL
24A. BURIAL CREMATION, 24	B. DATE 24C.N	AME of CEMETERY OF CR			
REMOVAL (Specify)			240	LOCATION (C	City, town, or county) (State)
		. Stanislaus	Dt	undalk Ave. B	alto. Md. 21224
DEC 3 10CE		OF REGISTRAR	2SC. FUNERAL DIREC	TOR	AODRESS
DEC 0 1909	Vintrall E. Va	Hay PLA	JOHN J. DO	UA 2829 Hudso	n St. Balto. Md. 24
VS 150-REV. 1/1/65		The said is		6 1	

2627 NOOSEN ST France German Wilson & French & E. 13-U 7-A3-3 -39 + W32 VOF1 Jose prime Broken in JOHN AMERYSIAR HESPITAL RESERVE RENAL FAILURE STAYS ATHREDER - FRORKS - YEARS

MEMBERT & PRESENCE OF LET TO DAYS 11-22-65 REEMBY PHILDER ULLIA AD 11-27 20 12-11 × 12 - 2 - 3

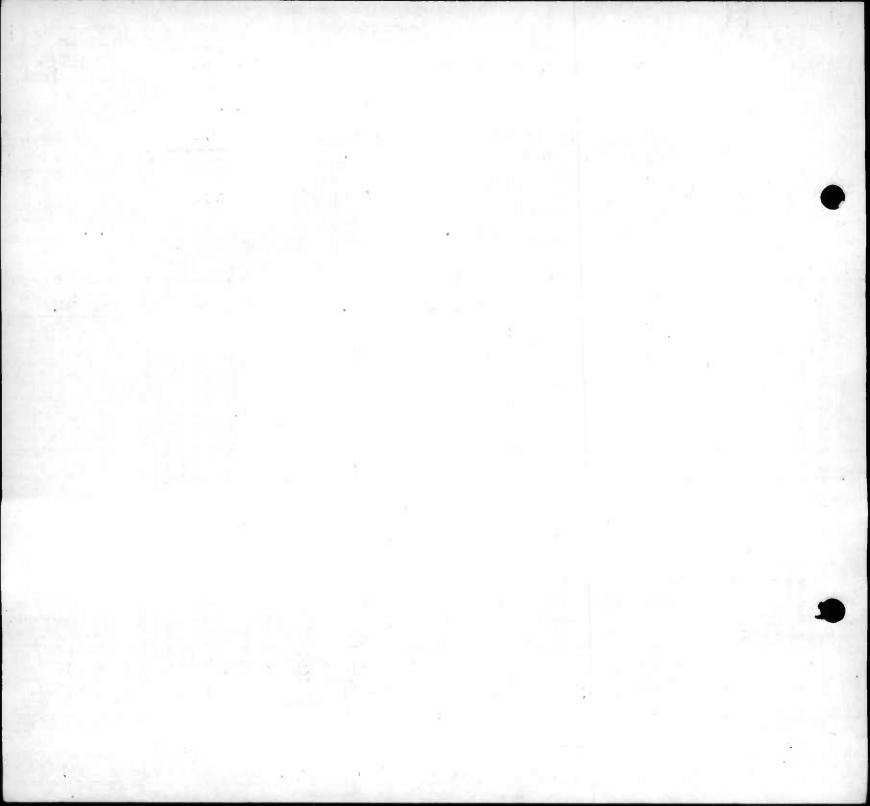
DEERLY BAIN ORCEIRS CHURCH HAME AND HOSPITAL

BIR	TH NO.	MEDI	CAL EX	CAMINER'S CI	ERTIFICA	TE OF D	EATH Register	ed No	1 13-1010-1
-	E CASE NO.								
(Ťy	Pe or Print)	CLARK JA	OVCON		November 30, 1965 10:35 PM				
3. 1	LACE IN BAL	TIMORE, MARYLAND, WI		INCED DEAD	4. USUAL RES		ceased lived. If instit	tution: reside	10:35 P _M .
					A. STATE	Maryland	B, COU	Balti	more
HO	SPITAL OR	ADDRESS OR LOCA	L OR INSTITUTION)	ITION, GIVE STREET			corporate limits, write	RURAL one	give township)
INS	ITUTION					Baltimore	- Dundall	1	636
1	C	ity Hospital				os Parne			
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIL	RTH	9. AGE (In years		1 Yr. If Under 24 Hrs.
	male	white	Marri		March 4		lost birthday		Doys Hours Min.
don	. USUAL OCC e during most of	UPATION (Give kind of work working life, even if retired)					country)		COUNTRY?
			Fishe	r Body Co.	_	hio		U.S	S.A.
13,	FATHER'S NA	Lewis Jack	cson		14. MOTHER'S	Zella Ki	na		
15	WAS DECEASE	ED EVER IN U.S. ARMED		116. SO CIAL	17. INFORMAN		——————————————————————————————————————	ADDRESS	
	, no or unknown	(If yes, give war or dote:		SECURITY NO. 216-01-7518	237		T 1 W W		
	No					s. Doris	Jackson, #		
	1B. E 9	16,014 3.	0.65	CAUSE	OF DEATH				ONSET AND DEATH
H	DISEA	SE OR CONDITION DIE	RECTLY	A a b					
	(This does	not mean the mode of	dying e.g.,	Asphyxi		oxide poi			
	injury or co	e, osthenia, etc. It means implication which caused o	leath.)	Ca	r poli mon	oxide poi	souring		
		ANTECENDENT CAUSES							
		OR CONDITIONS, IF A		DUE TO		******	•••••		
		NG CONDITION LAST.	A III O THE	(6)					
O				(0)					
CERTIFICATION	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTION	NG					
H.		DEATH BUT NOT REL		HE Acute alco	oholism		000		200000000000000000000000000000000000000
ERT	19A. DATE O	F OPERATION 198, CON		WHICH OPERATION	20A. AUTOP		B. IF YES, WERE FIN		
7	0				ne)			
<u></u>	UNDERLYING	AL CAUSE WAS	home	PLACE OF INJURY (e.g., , form, foctory, street, a	in or obout 21 C. office bldg., INJU	RY OCCUR?		e exoct loc	otion)
4EDIC.		ISE OF DEATH.	etc.)	home		6560 Pari			26-36
Σ	OF INJURY	(Month) (Day) (Year		1E. INJURY OCCURRED		NULUI DID WOH			
	(APPROX.)	11-30-65	9:55 PV	VHILE AT NOT YORK AT W	ORK P	cobably fo	ell asleep	while	smoking
	22.	rtify that I held on I	nquiry 🗌	Inspection XX Aut	ropsy	nd that on this	basis, deoth in m	y opinlon	
	resu	Ited from: Notural cou	ses A	ccident X Suicide	e Homi	cide Un	determined manne	er 🗌	
	4.67114	. 1/11		7 ()	CHIEF	MEDICAL EXA	MINER _		DATE SIGNED
	SIGNAT		ten or	M.D.	ASSISTANT	MEDICAL EXA	MINER		
	EXAMI	Dead - Oak	r Breit	enecker, M.D.	ASSOCIATE	MEDICAL EXA	MINER		12-1-65
23/	NAME (7777		C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (City,	town, or co	ounty) (State)
RE	Burial	Dec. 4	30/-			-			
24		BY HEALTH DEPT.		Oak Lawn of registrar	24C. FUNI	7225 E	astern Ave.	Balta	Md. 21224
		1965 P.O. A							undalk, Md. 22
	Dro 9	1300 (17, 1/20, 17	TO ATTOM	MENTAL					

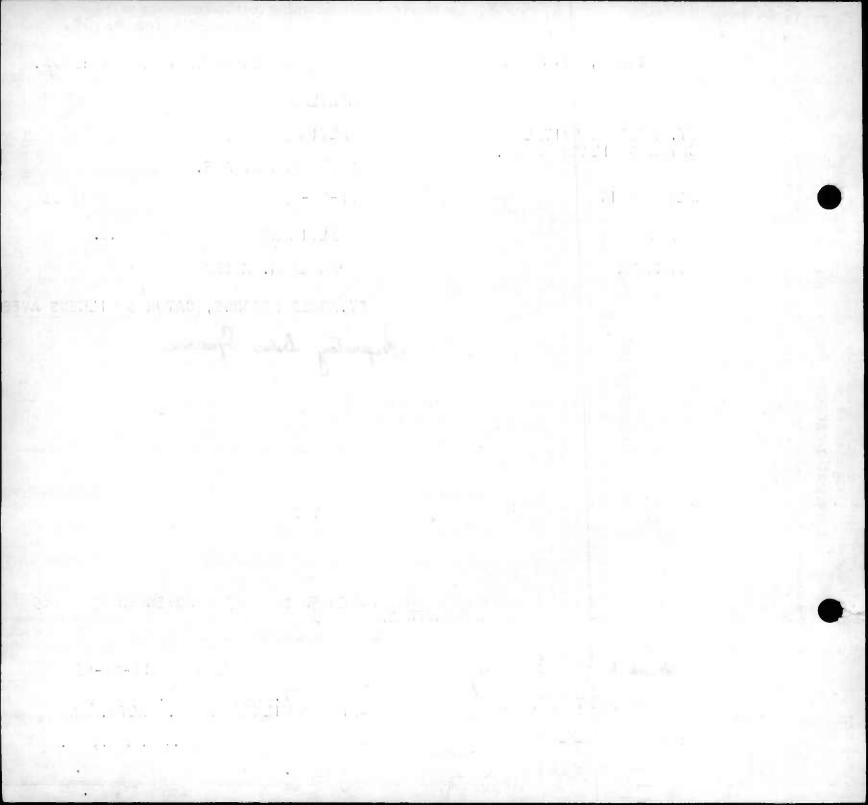


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

65	12325		HEALTH DEPARTMENT	Registered Na.	
M.E. CASE NO.	INORO	CERTIFICA	TE OF DEATH	1	60 IKUKO
(Type or Print)	M AON	CTP BY C		29- 65	100
Type or Print) HARVEY 1	ARYLAND	SIKONG	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before of missic
			A. STATE B. COUN		
FULL NAME OF (If not in hospito oddress or locoti	l or institution, on)	give street	C. CITY OR TOWN (If ou	A.A. Itside city limits, write	RURAL and give township)
/ LUTHERAW HO	SPITAL		Baltimore		52-00
BALTO. 16,				rurol, give location)	0 ,
			207 GROVE		Road.
6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	2-17-92.	9. AGE (In years lost birthdoy) 73.	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of wo				ign country)	12. CITIZEN OF WHAT COUNTRY?
Retired.	C	ab Co.	Maryland		U.S.
3. FATHERS NAME			14. MOTHER'S MAIDEN NA	ME	
John Armstrong			Emma Joh	nson	
15. Was Deceased Ever in U. S. Armed F. (Yes, no or unknown) (If yes, give war or do	orces? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		218-07-8213	Mrs. Margaret	Wilson -207	Grove Park Rd.
18. 4 8-1, 0 1		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		Dn	rtal Circles		
(This does not mean the made of			ital Cilinos	V5	6 years
heart failure, asthenia, etc. It mean injury ar camplication which cause	s the disease,				
ANTECEDENT CAUSE		(B)	1		
DISEASES OR CONDITIONS, if		DUE TO			
rise to the obove cause (A		(C)		***************************************	***************************************
UNDERLYING CONDITION last.					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	ATED TO TH				
19A. DATE OF OPERATION 19B. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or N.	O) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltima	ore City, give exoct location)
DEATH (notify medical examiner)	etc.		ince orași, irribari accor.		
21D. TIME (Month) (Dov) (Year) (Haur) 21 E	INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
OF INJURY	Wh	ile Af Not While			
22. I certify that (I) (this hospite	al) attended t	he deceased from		19 to	19
that (i) (we) last sow the decease					pinion death accurred on the d
and hour and from the causes st					
23A. SIGNATURE	(2)	, (,	Tow the body offer dedille		23B. DATE SIGNED
Carged H /	agai	Phy:	Med. Director	Stoff Phys.	11/79/65
NAME (ANGEL	H. RC	SOUE M.D.	Ewiter Aw	HOSPITAL	Balto 16, W.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N	AME of CEMETERY of CRE	MATORY 24D, L	LOCATION	City, town, or county) (State
Burial 12-2-1		oudon Park Ceme	25C. FUNERAL DIRECTOR	Baltimore.	Maryland ADDRESS
DEC 3 1065 A A	0 2	0 44	George J. G.	once Lool	Ritchie Hgwy.
	THE ATTENDA	A CONTRACTOR OF THE PARTY OF TH			THE THE THE WAY



BIRTH NO. 65 29924 65 123		TE OF DEATH	Registered No.	65 12326
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) KOSAR, BABY BO		2. DATE AN	HOUR OF DEATH	
FULL NAME OF (If not in hospital or institution) ST. AGNES HOSPITAL	tion, give street	A. STATE B. COUNT MARYLAND C. CITY OF TOWN (If out: BALTIMORE #	e deceosed lived. II	institution: residence before odmission)
CATON & WILKENS AVES	•	2814 VERMON	arrivana arriva	
MALE WHITE NO	RIED, NEVER MARRIED OWED, DIVORCED (specify) EVER MARRIED	11-26-65	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) BABY	D OF BUSINESS OR INDUSTRY	BALTIMORE	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME UNKNOWN		PAMELA M.	T	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		ST. AGNES REC	ORDS, CAT	TON & WILKENS AVE
injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, grise to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DEATH BUT	The (C)			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltima	ore City, give exact location)
OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While At Work		JRY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE HUMBERTO HERNA	on NOVEMBER 27 ve. (I) (We) (did) (did not) ve. M.D. Atte	19 65 and the riew the bady ofter death. anding Med. birector 23 D. ADDRESS ST. A	9 65 to NO. of In (my) (aur) ap Stoff Phys. X GNES HOSF	/EMBER 27 19 65 pinian death accurred an the date 23B. DATE SIGNED 11-29-65
	SC. NAME of CEMETERY OF CRE	CATON & WILK		BALTO #29 City, town, or county) (State)
Burial 12-3-1965	Glen Haven Ceme		chie Hgwy.	, A.A.Co., Md.
DEC 3 1965 Real 2 3	ME OF REGISTRAR	George J. Gor		itchie Hgwy.
VS 150-REV. 1/1/65	A. Marie Company	0	Reltim	ore 25. M.

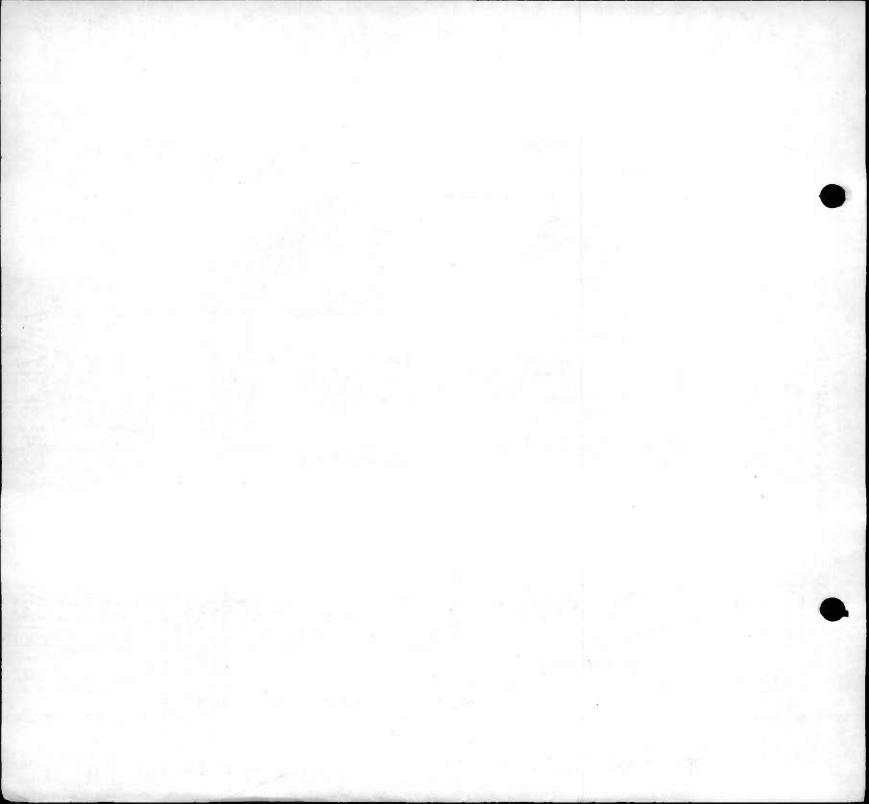


		BALTIMORE CITY	HEALTH DEPARTMENT	1	
	TH NO. 65 12327	CERTIFICA	TE OF DEATH	Registered No	65 12327
1, N (Typ	AME OF DECEASED	VILLIAM CHRIS	TIAN 1	1-1- 65	7:05P
F	FULL NAME OF (If not in hospital or institution	, give street	MARYLAND		institution: residence before admission
	HOSPITAL OR oddress or locotion) NSTITUTION	VENC C CATON	RAITIMORE	de city limits, write #29 iol, give locotion)	e RURAL and give township)
	ST AGNES HOSPITAL, WILL AVE BALTIMORE #29 MARY	LAND		CHOICE	LANE APT 4
5. \$	MALE WHITE MA	RRIED (specify)	2-25-96	AGE (In years st birthdoy)	If Under 1 Yr, If Under 24 Hr Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIND of during most of working life, even if refired) RETIRED	ELEC. CO	MARYLAND	country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		4. MOTHER'S MAIDEN NAM		
15. 'Yes	CHRISTIAN SCHWI Was Deceased Ever in U. S. Armed Forces? To or unknown!(If yes, give wor or dates of service)	16, SOCIAL	EMMA BOSLE	Υ	ADDRESS
	NO	212057413	ST AGNES	HOSPITAL	RECORDS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.		domina	e-	ONSET AND DEATH
	heart failure, asthenio, etc. It meons the diseas injury or complication which caused death.)	а,	arcinon Epatic a	atas	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givin		epatic a	red	1
	rise to the above couse (A) stating th UNDERLYING CONDITION last.	e (C)		<i></i>	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG HE			
ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	YES	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF he	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, offi c.)	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
11		- 11111100 0 0 0 1110000		RY OCCUR?	
U	OF INJURY	/hile At Not While At Work	21F. HOW DID INJU		
MEDIC	OF INJURY	While At Not While At Work Not While At Work	11-24 19	.65	
MEDIC	OF INJURY (APPROX.) 22. I certify that (IX(this hospital) attended that XI) (we) last saw the deceased alive an	/hile At Not While At Work The deceased fram	11-24 19 19 65 and that		
MEDIC	OF INJURY (APPROX.) W 22. I certify that (IX(this hospital) attended	/hile At Not While At Work The deceased fram	11-24 19 19 65 and that		
MEDIC	OF INJURY (APPROX.) 22. I certify that (IX(this hospital) attended that X) (we) last saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE	the deceased fram 12-1- (M (We) (did) (d/d/n/t) vi M.D. Atten Phys.	11-24 19 19 65 and that ew the bady after death.		pinian death accurred an the do
MEDIC	OF INJURY (APPROX.) 22. I certify that (IX(this hospital) attended that XI) (we) last saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	hile At Not While At Work The deceased fram	11 - 24 19 19 65 and that ew the bady after death. Iding Med. Spirector P	toff hys.	pinian death accurred an the de
MEDIC	OF INJURY (APPROX.) 22. I certify that (IX(this hospital) attended that XI) (we) last saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RAPHAEL MARIN BURIAL CREMATION, 124B. DATE 124C. 1	the deceased fram 12-1- (M (We) (did) (d/d/n/t) vi M.D. Atten Phys.	11 - 24 19 65 and that ew the bady after death. Iding Med. Director P	toff sylvania	pinian death accurred an the de
MEDIC	OF INJURY (APPROX.) 22. I certify that (IX(this hospital) attended that XI) (we) last saw the deceased alive an and haur and from the causes stated abov). 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RAPHAEL MARIN BURIAL CREMATION, 24B. DATE 24C. I 24C. I 24C. I	Attemption of CEMETERY or CREATERY OF CREA	11 - 24 19 19 65 and that ew the bady after death. Iding	toff sylvania	23B. DATE SIGNED 23B. DATE SIGNED ATON & WILKENS City, town, or county) (State)
MEDIC	OF INJURY (APPROX.) 22. I certify that (IX(this hospital) attended that XI) (we) last saw the deceased alive an and haur and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RAPHAEL MARIN BURIAL CREMATION, 124B. DATE 124C. 1	Attemption of CEMETERY or CREATERY OF CREA	11 - 24 19 65 and that ew the bady after death. Iding Med. Director P	toff sylvania	238. DATE SIGNED ATON & WILKENS

Section 1 and 1 an

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Wan	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	if dear or 4) Und was i the disposities
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FUNERAL DIRECTOR: IMPORTANT	a mecody busician
5	the chalby (2) By here the physical before
	hospii nature ept wid (6) N
•	approto to the of any all (exch); and be obt
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician who pronounced death was in regular of deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
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	body ws: (1) D.O.A based
	This the show was decreased

	E CITY HEALTH DEPARTMENT
BIRTH NO. 65 12328 CERTIF	ICATE OF DEATH Registered No. 3
M.E. CASE NO. 1. NAME OF DECEASED WORTHAM JO (Type or Print)	2. DATE AND HOUR OF DEATH 420 11/29/65
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	Ballimire
Un resity Hospital	D. STREET ADDRESS (If rurol, give locotion)
9	2421 madreon Aus.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 2/9/1959 9. AGE (In years Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLA CE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	zerator North Caroling 115K
13. FATHERS NAME Rev Plumer We	on Lucy Faulk na
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or doles of service)	17. INFORMANT ADDRESS
5 79 11 8º	297 Reliecca Davis - 2020 Byzant Are.
18. < 9 71 91. CAI	USE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	advanced
(This does not mean the mode of dying, e.g., DUET heart foilure, asthenia, etc. If means the disease,	10 promotrary disease
injury or complication which coused death.)	
ANTECEDENT CAUSES (B) DUE 1	TO
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) storing the (C) UNDERLYING CONDITION lost.	
II (.1.)	e a tracked on 11/18/1
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1 had a second
	on 11/23/6
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES. IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	Y (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location) treet, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
While At No	ot While t Work
22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive on 424	19 6 and that in(my) (our) apinian death accurred an the da
ond haur ond fram the causes stated above. (I) (We) (did) (did	
23A, SIGNATURE	nat) view the body after death.
ithe out out M.	D. Attending Med. Stoff Phys. 11/2 9/6
PAGE (Type) ALT. B. NON PORTS	M.D. Red World Grey
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Buril 1813/65 mt Zian	Cometers Anno Arendle Co.
25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
THE 3 1903 OF SOND E GOLDSON	Dellest E. hutto -3035 W. hotel
VS 150-REV. 1/1/65	



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	65	12329		BALTIMORE CITY HEAL			6	5 123	329
BIR	TH NO.	MEDI	ICAL EX	CAMINER'S C	ERTIFICATE	: OF D	EAIH Register	ed No	
-	E. CASE NO.								
(Ťy	NAME OF DECE.	AGNES		СООК	2.		er 1, 1965	D DEAD	6:30 P
3. 1	PLACE IN BALTIA	MORE MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESIDEN	CE (Where de	eceosed lived, If instit	tution: residence	e before odmission)
E11:	LI NIANAT OF	UE NOT IN HOSBIT	AL OR INICTITE	ITION CIVE STREET	Mary Mary	yland	8. 000	1/	
HO	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LOCA	TION)	JION, GIVE STREET	C. CITY OR TOWN	(If outside	corporate limits, write	RURAL one gi	ve township)
IIA 2	MOHON				Balt	timore			Al
	1421 1	Mountmor Cou	irt		D. STREET ADDRES	SS (If rurol, g	ive location)	3,5	
					142:	1 Mount	mor Court		
5. \$	EX 6.	RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	If Under 1 Y	r. If Under 24 Hrs.
I	Female	Negro	Widow		April 5,	1896	69		110013
				BUSINESS OR INDUSTRY			-/	12. CITIZEN C	OF.
don	e during most of wo	rking life, even if retired)			Maryl	and		U.S.	DUNTRY?
13.	FATHER'S NAME				14. MOTHER'S MAIL			0.0.	
	т.	ames Pron	-		(- 1 - 10 TO				
	WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMANT			ADDRESS	
Yes	NO NO	f yes, give wor or dote	s of service)	SECURITY NO,	Joseph C	look i	2916 Carv	en Rd	
					_	OOL	1910 Oal V		
	1B. 422	1 1		CAUSE	OF DEATH				SET AND DEATH
		OR CONDITION DI		Anton	iosolorotic	Condia	nananilar D	iconco	
	(This does not	meon the mode of	dvina e.a.	(A) Arter	iosclerotic	Cardio	ovascular D	isease.	**********************
	he ort foilure, o	sthenio, etc. It meons	the disease.	DOE 10				30 A	
		TECENDENT CAUSE		(B)					
	RISE TO THE	ABOVE CAUSE (A) ST		DUE TO					
7	UNDERLYING	CONDITION LAST.		(C)					
Q		11	-						
X		FICANT CONDITIONS							
三		EATH BUT NOT REI		HE					
CERTIFICATION		PERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY?		B. IF YES, WERE FIN		
O	0	WAS PER	FORMED		No		CERTIFYING CAUS	ES OF DEATH	?
Z	21 A. EXTERNAL UNDERLYING		21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21 C. WH	ERE DID (IF	in Boltimore City, giv	e exoct locotic	on)
EDIC	UTING CAUSE		etc.)	, tom, tociory, sileer, t	omce bidg., INSORI C	/CCUR!			
Σ	21D TIME (Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURRED	21F. HOW	V DID INJUR	Y OCCUR?		
	OF INJURY	, , , , , , , , , , , , , , , , , , , ,			WHILE				
	22.			VORK L AT W	WHILE ORK				
		y that I held on I	nquiry 🗌	Inspection X Aut	topsy ond t	hot on this	bosis, death in m	y opinion	
	resulte	d fram: Natural coi	uses X A	ccident D Suicid	e Homicide	Un	determined monne	r 🗌	
		0/		1	CHIEF MED	DICAL EXA	MINER		
	ACTUAL	- (0/0	11. 5	Telly MD	ASSISTANT MED			D	ATE SIGNED
	SIGNATUI	n's	uus .	, miles	ASSOCIATE MED				12/2/65
	EXAMINE NAME (Ty		S. Pet	ty, M.D.	ASSOCIATE MEL	JICAL EXA	MINER		
	BURIAL CREM		23	C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	town, or count	y) (Stote)
KE/	MOVAL (Specify)	72/6	165	Nam Cathad	mol Com		Roltimore	MA	
24/	Burial A. DATE REC'D B'	12/6		New Cather	PAL Cem.		Baltimore	ADDI	RESS
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VS	151-REV, 1/1/65		1 3	44		0			

April 5, 1096 - 69 Dewon III Joseph Cook 2710 Curver 14.

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	65 123	220	BALTIMORE CITY	HEALTH DEPARTMENT		65 12330
BIRTH NO.	DO TY	000	CEDTIFICA	TE OF DEATH	Registered No.	00 ILUUU
M.E. CASE NO.			CERTIFICA	TE OF DEATH		
I. NAME OF DECEASE	ED			2. DATE A	ND HOUR OF DEATH	1 . pm
(Type or Print)	William	H.West		Nov	ember 2	9 448 AM
3. PLACE OF DEATH	IN BALTIMORE, MA	RYLAND				institution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION			C. CITY OR TOWN (If or		RURAL and give township)	
1				Baltin	nore	
111 N	.Kossuth	St,		D. STREET ADDRESS (If	ruiol, give location)	
				111 N.I	Konsuth St	t.
5. SEX 6. R	Negro		EVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH an 24,1904	9. AGE (In years lost birthdox)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of worki		10B. KIND OF B	USINESS OR INDUSTRY	Marylan		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ry T.West			14. MOTHER'S MAIDEN NA Mary Ander		
15. Wos Deceosed Eve (Yes, no oi unknown) (If	in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Margaret Wes		Kossuth St.
	PR CONDITION DIR	ECTLY	CAUSE O	P. Elezenti	ated	OM PA 15 M O S
(This does not a	DING TO DEATH meon the mode of nenio, etc. It meons otion which coused	the diseose,	DUE TO	onchogenie	CARCIN	om h
ANT	ECEDENT CAUSES		(B)	88	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	CONDITIONS, if bove couse (A) ONDITION lost.		(C)	**************************************		
	- 11					

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFICATION DISEASE OR CONDITION CAUSING IT.

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION

20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner)

(If in Baltimore City, give exact location)

21 D. TIME (Doy) (Hour) 21 E. INJURY OCCURRED (Month) (Yeor) OF INJURY (APPROX.) Work

While At Not While 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on

At Work

ond that in (my) (our) opinion death occurred on the dote

ond hour ond from the couses stated above. (!) (We) (did) (did nat) view the body ofter death.

23A, 51G	NATURE	- 1		2
1	MI In	1/4	1	1-
1	8666	Sen	nagi	

Attending Phys. M.D.

M.D.

23D. ADDRESS

Med. Director Staff 23B. DATE SIGNED

BURIAL CREMATION.

23C. PHYSICIAN'S

25A. DATE

NAME (Type)

24D. LOCATION (City, town, or county) (Stote)

REMOVAL (Specify) Burial 6 REC'D BY HEALTH DEPT.

Arbutus Mem P 258. NAME OF REGISTRAR

Ar butus 25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV, 1/1/65

GEO.G. KELSON L#48n. Calhoun st

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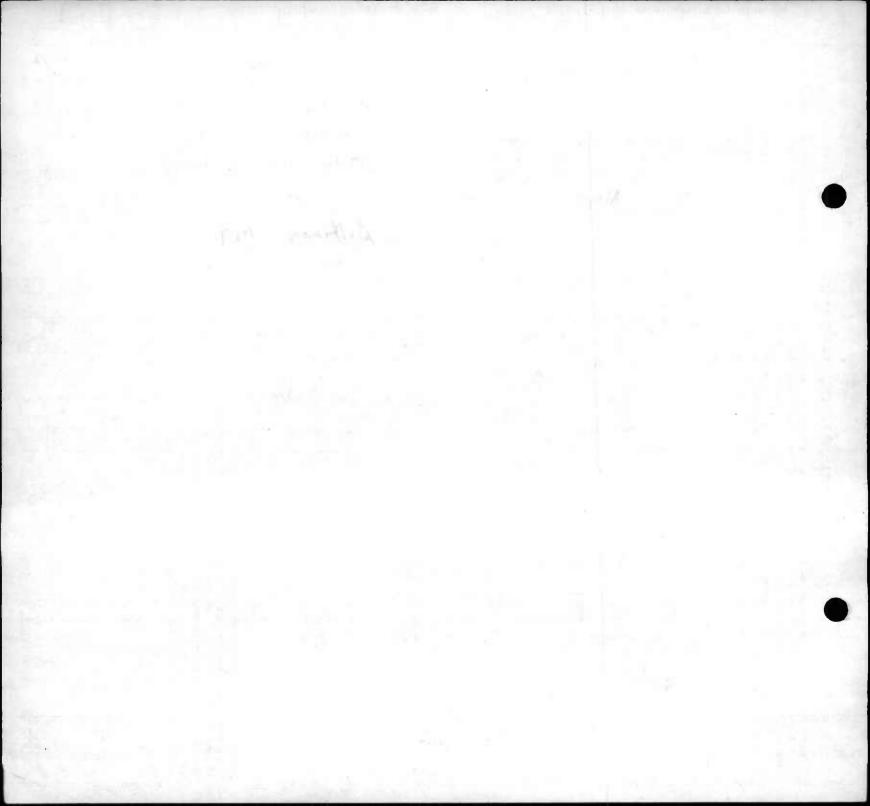
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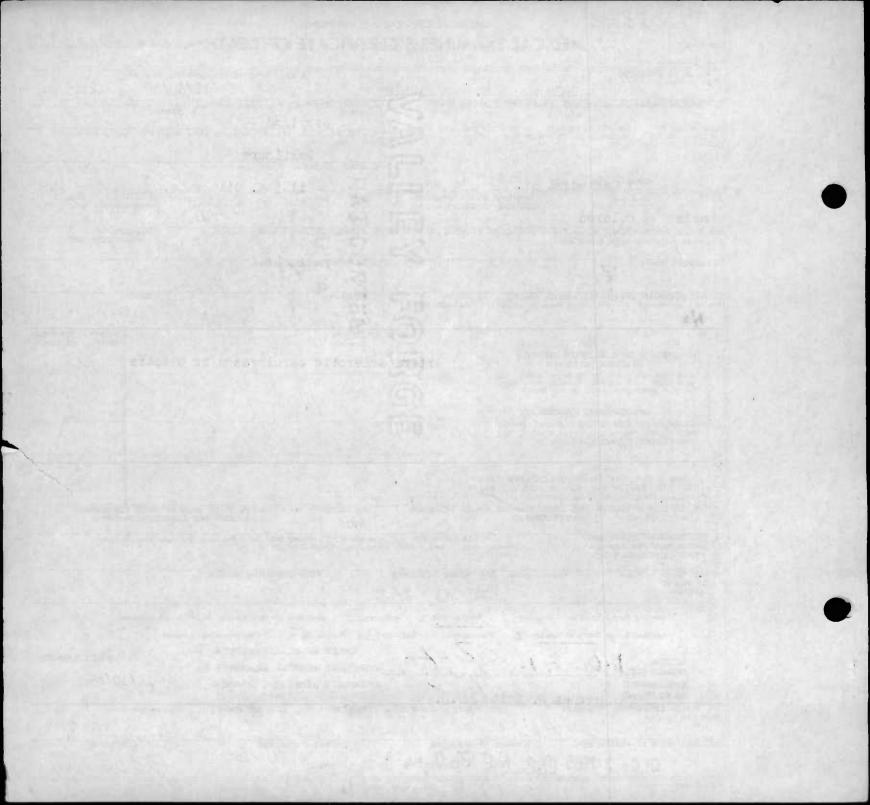
dealer I were all

10-05947	BALTIMORE CITY HEALTH DEPARTMENT 65 12331
вити но. 65 12331	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH 12/1/65 4. USUAL RESIDENCE (Where Deceased lived, If institution: residence before admiss A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddress or tocotion) INSTITUTION	0 1
there is the state of the state	D. STREET ADDRESS (If rurol, give location) 1724 Harlem Aue.
	NEVER MARRIED, DIVORCED (specify) 3-3-65 B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years lost birthdoy) 8 29
done during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
15. Was Decosed Ever in U. S. Armed Forces? Yos, no or unknown) by yos, give wor or doles of sorvice)	16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	CAUSE OF DEATH CAUSE OF DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 27A ACCIDENT WAS UNDERLYING 21B. homotoc.) 27A ACCIDENT WAS UNDERLYING 21B. homotoc.)	PLACE OF INJURY (e.g., in or obout 21C. WHERE DID e, form, foctory, street, office bidg, INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?
22. I certify that (1) this hospital) attended the that (1) (we) lost saw the deceased alive on	12 - 19 65 ond that in (my) (our) opinion death occurred on the
ond hour ond from the couses stoted obove. M. 23A. SIGNATURE	(We) (dld) (did not) view the body ofter deoth. M.D. Attending Med. Stoff Phys. Stoff Phys.
23C. PHYSICIAN'S NAME (Type)	M.D. 23D. ADDRESS
Bureal 12/3/65	nt aubern Cemetry Baltimore Maryla
DEC 3 1965 Per & E.	



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Co	· E	2332

BIRTH NO.	N	VEDICAL EX	CAMINER'S CE	RIFICATE	OF DEATH Registe	ered No.
M.E. CASE NO.						
Type or Print)		HEORGE	E. HARRIS	2. DAT	E AND HOUR PRONOUNCE	
PLACE IN BALT		ND, WHERE PRONOL		4. USUAL RESIDENCE	Where deceased lived. If inst	titution: residence before admission
ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN H	OSPITAL OR INSTITU	JTION, GIVE STREET	Maryla:		e RURAL and give fownship)
					imore	
)				D. STREET ADDRESS (II	f rurol, give location)	
	303 Cathe			112	THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE	
SEX	6. RACE	WIDOWED,	DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months, Doys, Hours, Min.
male	colored	·	N9/e	6/22/20	2 43	
	JPATION (Give kind working life, even if i		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT/COUNTRY?
LABO	O.R			BALTO, 1	110.	UA, Ho
FATHER'S NAM	AE 7			14. MOTHER'S MAIDEN	NAME	
				Le TITIA	CONAWAY	
	D EVER IN U.S.	or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	, Di	ADDRESS
No				Mildred	1 BROOKS	1169 MCKEGN
1B.	331.		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO TH UNDERLYIN	E ABOVE CAUSE NG CONDITION II NIFICANT COND	S, IF ANY, GIVING				
	R CONDITION CA		*********************	20A, AUTOPSY? (Yes	or No. 208. IF YES, WERE FI	NDINGS CONSIDERED
10		AS PERFORMED		no	IN CERTIFYING CAU	
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C. WHERE I	DID (If in Boltimore City, gr	ve exoct locotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy)		WHILE AT NOT NORK	WHILE	DINJURY OCCUR?	
22.	tify that I held	on Inquiry	Inspection X Aut	opsy ond that	on this basis, death in r	my opinion
	ted from: Notu					
resul	Tea from: 14070	OL COOSES [V]	Accident Suicide	CHIEF MEDICA	Undetermined mann	01
ACTUAL		ug h.	Yan C. M.D.	ASSISTANT MEDICA		DATE SIGNED
EXAMIN NAME (IER'S	ner U. Spit	7	ASSOCIATE MEDICA	L EXAMINER	11/30/65
SA. BURIAL CREE EMOVAL (Specify DUTLA	MATION, 238. D	2/4/65 23	Muburs	Cemetery!	Balti	nione; Ma
4A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DIRE	CTOR	ADDRESS
		10 Oll mos	E. Farleyna	Beach	L'Mess a	2222 Whorka
S 151-REV. 1/1/	65	19	0 5 0	1 7 9	()	



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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type er Print) December 2, 1965 Carl Olsonor Olsen 4. USUAL RESIDENCE (Where decessed lived. If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Baltimore Maryland, FULL NAME OF (If net in hespital as institution, give street HOSPITAL OR oddress or lecetion) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore City Hospitals Rural 4940 Eastern Avenue D. STREET ADDRESS Baltimore, Maryland, #21224 2119 Summit Avenue, #21206 or final disposition is made. 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 8. DATE OF BIRTH 9. AGE (In yeers lest birthdey) If Under 1 Yr. If Under 24 Hrs. Months: Doys Heurs Min. 5. SEX

Male	Wni	re	Single	10-29-	-1892	73	
ene during most el wer	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTION during most el werking lile, even if telired) Labor Campbell Co		11. BIRTHPLACE (Stote or foreign country) Norway			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
3. FATHER'S NAME	Unk OI	gen		14. MOTHER'S A	Unk	AME	
5. Was Deceased Ev	er in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT	OTIL		ADDRESS
Yes, ne or unknewn) (II	yes, give w	vor or detes of servi	security No. 216-18-0895	RECORDS:	BCH.	4940 Easter	n Ave., #21224
(This does not	ADING TO	mode of dying,	8.g., DUE 10		me	taslases	INTERVAL BETWEEN ONSET AND DEATH
AN DISEASES OR	TECEDENT CONDITIO obove con	NS, if ony, givuse (A) stoting	(B) CAO	RCINUMA		LARYNG.	s 4 MONTHS
	TH BUT N	OITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE CONTRIBUTION OF THE CON					
		198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPS	f? (Yes er h	10 208, IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTION DEATH (nelify m	NG CAUS	EOF	21B. PLACE OF INJURY (e.g., i heme, ferm, fectery, street, o etc.)	n er obout 21 C. W ffice bldg., INJURY	HERE DID OCCUR?	(If in Beltime	te City, give exact lecation)
_	Month) (Doy	y) (Yeoi) (Heur)	21E, INJURY OCCURRED While At Not While Work At Work	e 🗌		JURY OCCUR?	12.2
that (I) (we) Io	st sow the	deceased olive	on (1) (We) (did) (did not)		ond t		12. 2 19 65 Inlon death occurred on the dat

23B. DATE SIGNED 12.2.65 Attending Phys. M.D. Med. 23D. ADDRESS 23C. PHYSICIAN'S

NAME (Type)

Baltimore, Ave

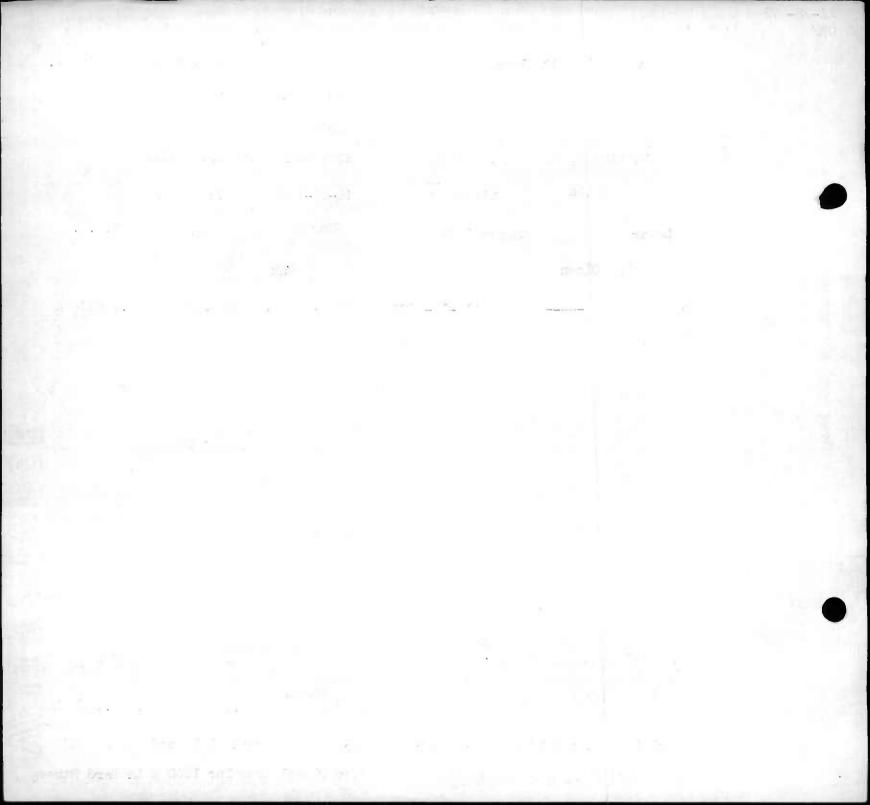
Md.

Dec 6 1965 Sacred Heart Cemetery German Hill Road
DEPT. 258. NAME OF REGISTRAR 25C. TUNERAL DIRECTOR

ADDRESS

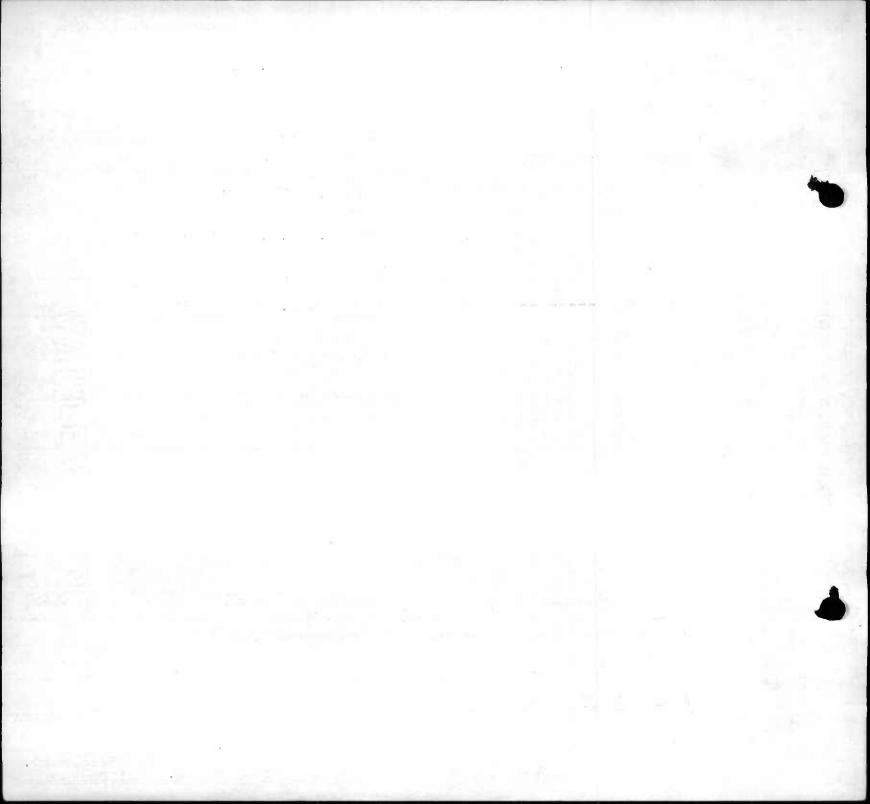
24A. BURIAL CREMATION.

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	A.C.
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	as as
	## 3 p 3

				BALTIMORE CITY	HEALTH DEPARTMENT		10004
BIRTH N	10.	65 1233	34	CERTIFICA	TE OF DEATH	Registered No.	65 12334
	ASE NO.	ED		CERTIFICATI		AND HOUR OF DEATH	
(Type or	Print) Alla	ustus M.	Miller	n			E.EE
3. PLAC	CE OF DEATH	IN BALTIMORE MA	RYLAND			• 1, 1965	stitution: residence before edmission
FULL	NAME OF	(If not in hospital	or instilution	, give street	A. STATE 8. CDI Maryland	уптү -	27-15
	PITAL OR	oddress or location			C. CITY OR TOWN (II	outsido city limits, write l	RURAL and give township)
0					Baltimore, D. STREET ADDRESS	Overlea (If rurol, give locotion)	
(Gould	Convelesa	rium		3817 Fleetw	ood Avenue	21206
s. sex		RACE aucasian		D, NEVER MARRIED ED, DIVORCED (specily)	Jan 8,1888	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months: Doys Hours Min.
IOÀ, USI	UAL OCCUPA	TION (Give kind of work	10B. KIND C	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or le	preign country)	12. CITIZEN OF
	eftsma	king lile, even if retired) N	Art (lass	Balto. Co.	, Maryland	WHAT COUNTRY?
13. FAT	HER'S NAME				14. MOTHER'S MAIDEN N	AME	
Jol	hn M.	Miller			Anna Snyde	r	
15. Wos	Deceased Ev	er in U. S. Armed For	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yos, no N		yos, give wor or doto	os of service)	214 03 3501	Clara M.	Miller 3817	Fleetwood Ave
18.	157	X		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY	()	A		011321 AND DEATH
(7)		ADING TO DEATH	1.	(A) (A	remomalo	ris	2 months
		mean the made of thenia, etc. It means		e, DUE TO	rcinomato		1 3 5 1 4 3 5 6 7 1 3 1
inju	ury at campli	cation which caused	death.)	0	A Alexander al	Pancreas	unantaria
	AN	TECEDENT CAUSES		DUE TD	verto ma of	100000C	
D19	SEASES OR	CONDITIONS, if	any, givin	g			
		abave cause (A)	stating th	e (C)	\$40,000 CONTRACTOR OF THE PARTY	***************************************	
01.	IDENLING C	CONDITION IUSI.					
E TO	THE DEA	ANT CONDITIONS C TH BUT NOT RELA NOTION CAUSING	ATED TO T	NG THE			
	DATE OF O		DITION FOR	WHICH OPERATION	NO	No. 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
U 21A	CONTRIBUTIO	WAS UNDERLYING CAUSE OF	ho	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	or obout 21C. WHERE DID	(II in Boltimore	City, give exect locotion)
O			(11) 01		035 110 110 110		
W OF	PRDX.)	Aonth) (Day) (Yoor)	W	/hile At Not While /ork At Work		NJURY OCCUR?	
22.	1 certify the	at (I) (this hospital	L) ottended	the deceased from	July	19 57 10	12-1 1965
		st sow the decease		1.127	1 1 =		
							nion death occurred on the do
	and hour and from the causes stored above. (1) (We) (did) (did not) view the bady ofter death.						
23A	. SIGNATURE	11	nA				23B. DATE SIGNED
	Tau	15 Mu	eller	M.D. Atto	onding Med. Director	Stoff Phys.	12/3/65
23 C	PHYSICIANS			1	23D. ADDRESS		
	NAME (Type	16	m111	11 - 10 M.D.	6411 B	=11:0	RIAN
24A. BL	JRIAL CREMA	TION, 24B. DATE	24C.I	NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (Ci	ty, town, or county) (State)
Rı	rial	12/4/6	55	Parkwood Cem	netery	Balto. Mar	yland
25A. D	ATE REC'D BY	HEALTH DEPT.	25B, NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OR	7110 Belair Rd.
	DEC 3	1965 0 0	48.3	Collection (Dippel Br	thers Inc.	21206
V\$ 150-	REV. 1/1/65	W LOCAL		- Q - L	1 0 1/2 HILL	44	ELEVU
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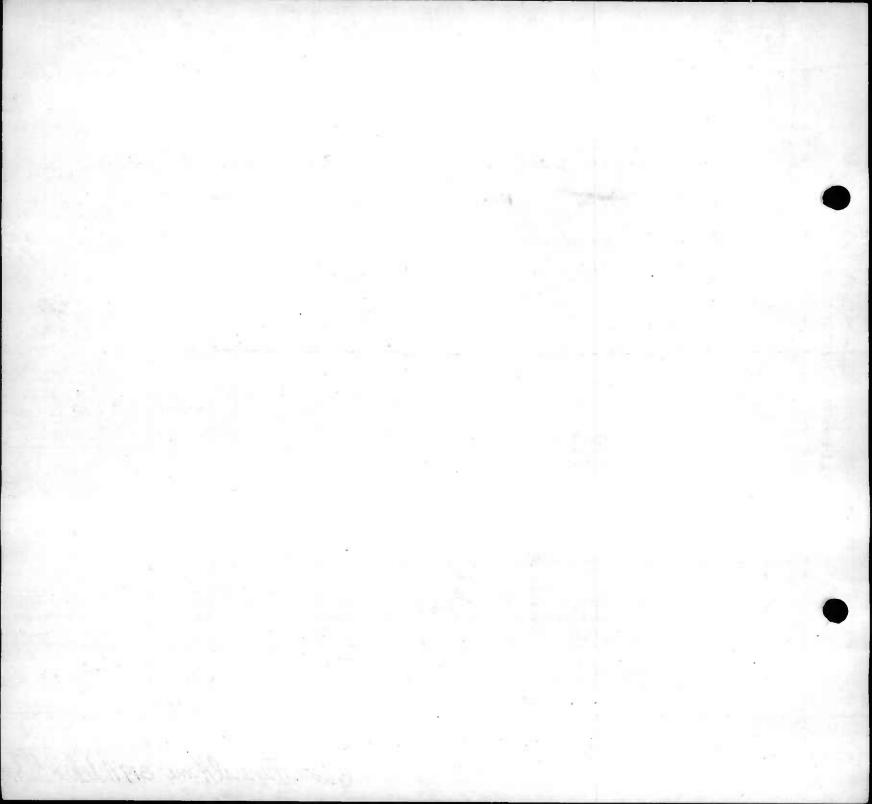
BIRT	H NO.		CERTIFICA	TE OF DEATH	Registered Na	12335
	CASE NO.	Hel	en K. Me Gee	· · · · · · · · · · · · · · · · · · ·		00 3.10000
	AME OF DECEASED	McGee,	Hehen	2. DATE AND I	HOUR OF DEATH	1255 AM
3. P	LACE OF DEATH IN	BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Willere de	eceased lived. If ins	stitution: residence before admission)
				A. STATE B. COUNTY	Resident Control	
	ULL NAME OF	If not in hospitat or institu	ion, give street	Md Balti		
11	OSPITAL OR	oddress or location)			city limits, write R	URAL ond give township)
1	0.	10		Dundalk		5370
45	1/200	ttoon to	and BOH -	D. STREET ADDRESS (If rurol	, give location)	
-	Julia	Juca	J-47-61 cm up	6-7 Non7	Zahin 1	2 - 712 22
	- L 040	- 12	NEW MENTER LA COURT	6	7,1	
5. S	6. RAC		RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9. A	GE (In years	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	amale	White !	MARRICED.	8/2/03	60	
IOA.	USUAL OCCUPATION	N (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12, CITIZEN OF
done	during most of working l					WHAT COUNTRY?
		Housewife		Maryland		Ocs. A.
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NAME		
	J	ohn Reese		Katie Smith	h	
16.30						
(Yes,	Vos Deceased Ever in ,no or unknown) (If yes,	give wor or dotes of serv	ice) 1 6- SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	No	None	Husband, Mr. Paul	L A. Mc Ge	e, #4,a,b,c,d.
-	18. 44 00.		CAUSE O			INTERVAL BETWEEN
	Tax		CAOSE O	DEAM		ONSET AND DEATH,
		CONDITION DIRECTLY	1 - "	t u	1 A P	1 7 24 tu
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		n which caused death.)	1 1	0 .	(Coron	0
	ANTECI	EDENT CAUSES	(B) 34/L	enoscleros s	1 colle	salle six
			DUE TO			
		NDITIONS, if any, gi		1		5 0
	UNDERLYING CON	e cause (A) stating	The (C)		**********************	The state of the s
				(.		
7		11	1 8	4		
TOI	TO THE DEATH	BUT NOT RELATED TO	THE TO DE	ka a N		Se ve Pin
A	DISEASE OR CONDI	TON CAUSING IT.	109/200	action		120 46 975
5	19A. DATE OF OPERA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20	B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	0	WAS PERFORMED		MO "	CERTIFYING CAU	ISES OF DEATH?
8	21 A. ACCIDENT WAS	UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
-	OR CONTRIBUTING	CAUSE OF	home, larm, factory, street, of	fice bldg., INJURY OCCUR?		only, give once income
CA	DEATH (notify medico	l exominer/	etc.)			
) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
>	OF INJURY (APPROX.)		While At Not Whil	e —		
	(APPROX)		Work At Work		, ,	1-1
	22. I certify that ((this hospital) attend	ed the deceased fram	2/2/45 196	10	13/ 19
	1	aw the deceased alive	1 /	120 (6	1/13.	.//
	74		A .		nimy (our) apin	ion death occurred an the date
	and haur and fram	the causes stated abay	e. 86 (We) (digl) (did 1161) v	iew the body after death.		
	23A. SIGNATURE	. /				23B, DATE SIGNED
	1766	La	M.D. Atte	nding Med. Stof		12/2/1
		- Jone	Phy		s.	1-/3/6/
	23C. PHYSICIAN'S NAME (Type)	7		23D. ADDRESS		
	1174114 (17)	Ben Chipman	M.D.	Sinai Hospital,	Baltimore.	Maryland
244	DIIDIAI CREATATION	LOUR DATE				
24A.	REMOVAL (Specify)	1, 24B. DATE 24	C.NAME of CEMETERY of CRE	MATORY 24D. LOCA	TION (City	y, town, or county) (State)
1	Burial	Dec. 6-196	Oak Lawn	7725 7	atom Are	P-14- 3/1 07001
25A.	DATE REC'D BY HEA		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Stern Ave.	Balto. Md. 21224
			. 0		0	
	DEC 3 1965	P.O. 42.	Thister the -	JUHN J. DUDA 792	2 Wise Ave	Dundalk, Md. 22

BALTIMORE CITY HEALTH DEPARTMENT

The formation of 2 million is they from F. WIE MALLIES 0/2/05 60 Automoschero - (Spiritation -The state of the s

This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No bhysician was in requiar attendance on the FUNERAL DIRECTOR: IMPORTANT

	AME OF DEC	CEASED			2. DATE	AND HOUR OF DEAT	H (COUR)
Тур	e of Print)	MON A. AF	CALLIC		4. USUAL RESIDENCE (W. A. STATE B. COL	11/30 /65	12:55 1
3. P	LACE OF DE	MON A . BR	MARYLAND		4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admis
F	ULL NAME	OF (If not in hos	nital ar instituti	on, give street	Mid		11-16
F	STITUTION	oddress or lo	cotion)	on, give sheet	C. CITY OR TOWN JE	outside city limits, writ	e RURAL ond give township)
17	N31110110II				Box /10.		
-6	9				D. STREET ADDRESS	tf rurol, give location)	
	Lu	THERAN	1405Pi	孙上	9/4 N.	ROSEDALE	STREET
5. S	EX	6. RACE		WED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months: Doys Hours Mi
-	TALE	Coloned		MARRIED	Van/126,1896	69	
		UPATION (Give kind of working life, even if reti		OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
done	- 1 -	. n+	/		Balta 1	M.L.	
13.	FATHER'S NA				14. MOTHER'S MAIDEN N	AME	
	.01	, 17			1 attin 1	Whisht	
5 1	Was Darage	d Ever in U. S. Arme	d Forces?	1 6. SOCIAL	17. INFORMANT	11/2/11	ADDRESS
Yes	no or unknow	n) (If yes, give wor or	dotes of servi	ce) SECURITY NO.	-/1	0	0 1 1 4
1	res	W.W.	I	212-05-3234	Wulla Bro	WW 914.	Rosedale ST
	18. HL	43 XI		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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	injuly of ca	mplication which co	used death.)	14	/	/	
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		OR CONDITIONS,	if ony, gi	ving			tio & yro-
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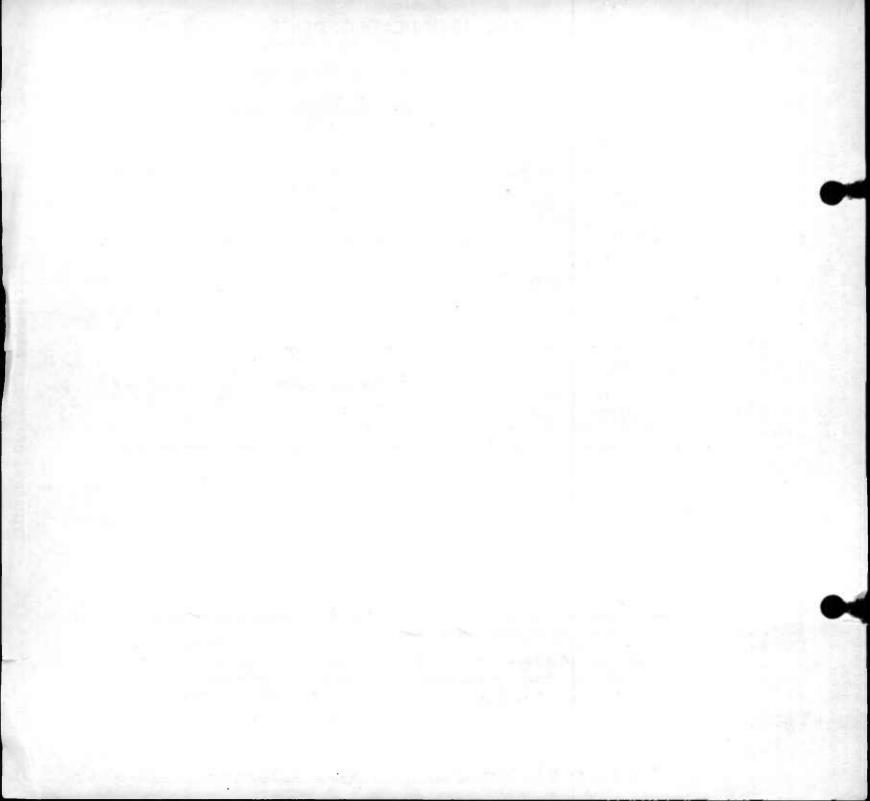


VS 150-REV. 1/1/65

BALTIMORE	CITY	HEALTH	DEPARTMEN
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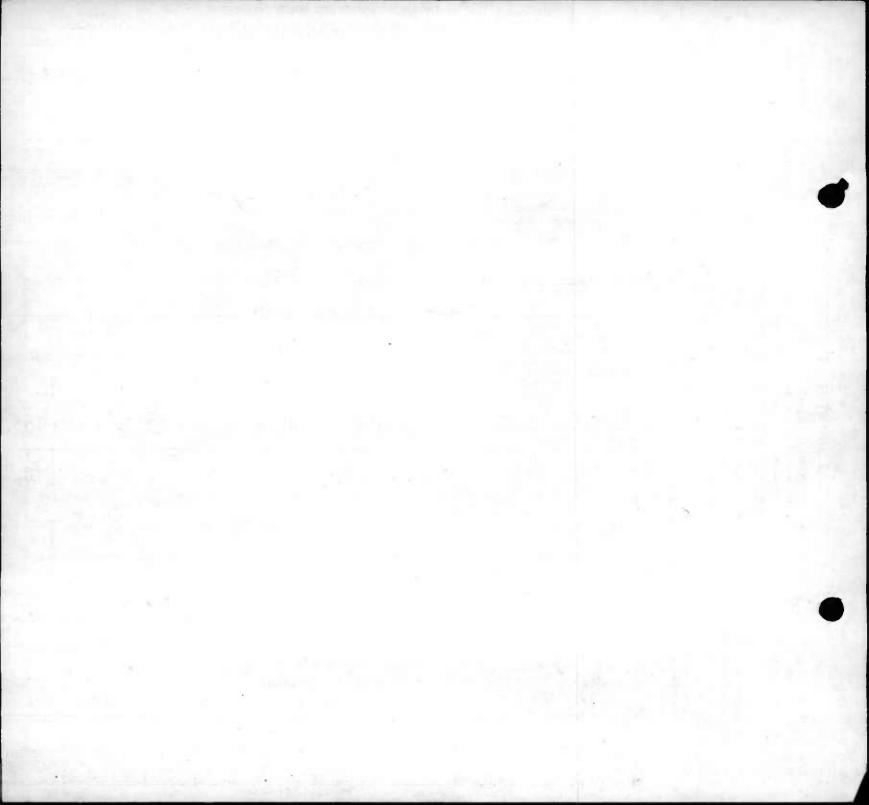
Registered	No. 65	12337
Registered	No. L.	2000

Type or Print)		- 1	2 DATE AN	D HOUR OF DEATH	
	Weiss	, Shirley Myer	s 3 D		14:30 4
PLACE OF DEA	ATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where	e deceased lived. If institu	tion: residence before odmission
FULL NAME O		or institution, give street	Maryland -	21	- 1
HOSPITAL OR	oddress or location	on)	0.1.	side city limits, write RURA	AL and give township)
Sinail	Hospital Be	l'imore Mol.	D. STREET ADDRESS (If I	urol, give location)	
	1			a dia Ave	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)			Under 1 Yr. If Under 24 Ho onths Doys Hours Min.
	UPATION (Give kind of wor working life, even if retired)	108. KIND OF BUSINESS OR INDUSTE	11. BIRTHPLACE (State or foreign	gn country)	CITIZEN OF
Cker	le-	nates + Lions	Ballem	c not	U.S.A
3. FATHER'S NA	ME	74	14. MOTHER'S MAIDEN NAM	AE /	
/our	a G.	M. yers	Viscous m	al Kron	1
5. Was Deceased	Ever in U. S. Armed Fo	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	11	ADDRESS
MI	711	212-2601	80 Minus	melle le	- Daniel
1B. 7	501	CAUSE	OF DEATH	1 . June	INTERVAL BETWEEN
DISEAS	SE OR CONDITION DI		1	-11 11	ONSET AND DEATH
/T1: 1	LEADING TO DEATH		in ometous tops with	possible cerebral	
heart lailure,	not meon the mode of ostherio, etc. It meons	s the diseose,	1 1	netartario	
	nplication which caused	ly	tadeno carcinoma	of right grain	14 mas -
	ANTECEDENT CAUSES	DUE TO/		0 0	
	OR CONDITIONS, if e obove couse (A)				
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O THER SIGNI	IFICANT CONDITIONS (EATH BUT NOT REL	ATED TO THE			
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OTHER SIGNI TO THE D DISEASE OR	CONDITION CAUSING	ATED TO THE	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such a

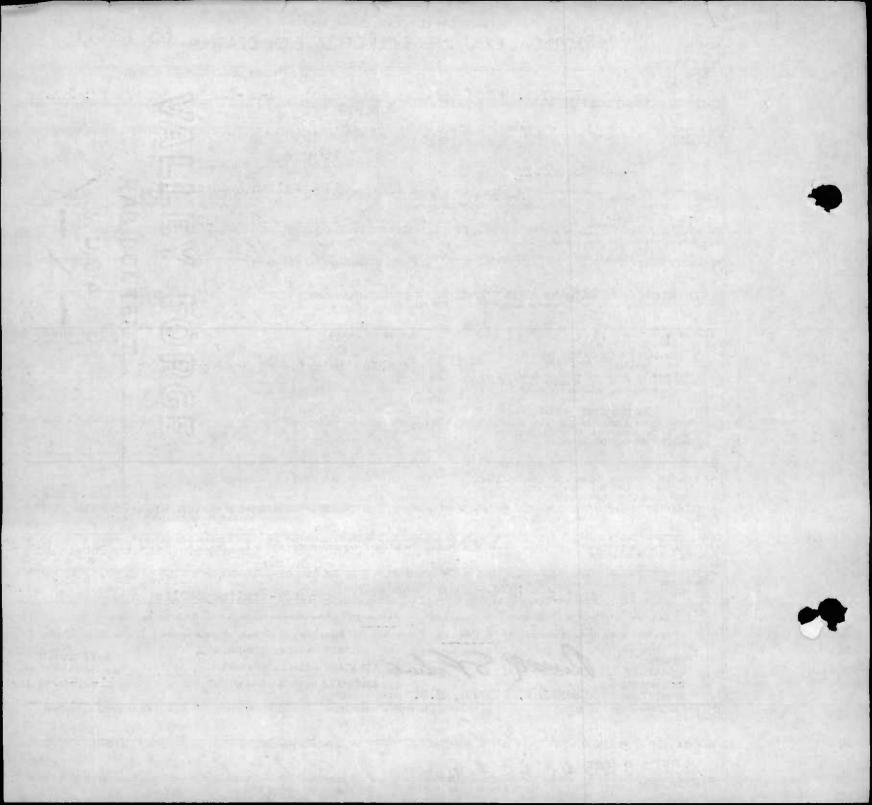
	OF 40000 BA	LTIMORE CITY HEALT	H DEPARTMENT		2000
	BIRTH NO. 65 12338	ERTIFICATE C	OF DEATH	Registered No.	65 12338
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
	Gertrude Royster		Nove	ember 30, 196	65 M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USU A. STA	TE B. COU	era decaased livad, If i	nstitution: rasidanca bofare admission)
	FULL NAME OF (If not in hospital or institution, give stract HOSPITAL OR address or location) INSTITUTION	c. ciñ	aryland	outsido city limits, write	RURAL and give fawnship)
	2106 Vine Street		altimore		
	Baltimore, Maryland 2122	2		f rural, give lacation)	
P	5. SEX 6. RACE 7. MARRIED, NEVER A		106 Vine St	9. AGE (In years	If Under 1 Yi., If Under 24 Hrs.
3	WIDOWED, DIVORO		16-1918	last birthday)	Manths Days Hours Min.
115	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINES	OR INDUSTRY 11. BIRT	HPLACE (State or for	loign Country)	12. CITIZEN OF
0	done during most of working life, even if retired)				WHAT COUNTRY?
Sit	13. FATHER'S NAME	14. MO	uth Carolin	AME	USA
disposition					
	Henry Harris 15. Was Deceased Ever in U. S. Armod Forces? 16. SOCI		attie Koon		ADDRESS
ם	(Yas, no al unknown) (If yes, give war al datas of sarvice) SECU	RITY NO.		0.0/	
fin.	18. / 9 / 9 1	CAUSE OF DEAT	rles Royste	er 2106 Vi	ne Street
0	DISEASE OR CONDITION DIRECTLY			R	ONSET AND DEATH
ed	LEADING TO DEATH	(A) Carrino	oma of Pe	ringum	2 months
palmed	(This daes not mean the made of dying, o.g., heart failure, asthenia, etc. It means the disease,	DUE TO		0 (
nbo	injury ar camplicalian which caused death,)	Colula	1,700 M.	etastas is	2 mon hs
E	ANTECEDENT CAUSES	DUE TO	190		- vour v pos
are	DISEASES OR CONDITIONS, if any, giving rise la lhe above cause (A) stating lhe	Epide	ermond Co	Arcinoma	Zmonths
	UNDERLYING CONDITION last.				
the remains	7	Λ			
Геп	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	overe H	nomia	4	Zmonths
he	U 19A. DAJE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION 20A.		No) 20B. IF YES, WERE	FINDINGS CONSIDERED
e +	Was PERFORMED M & P	brinenm	No	IN CERTIFYING CA	AUSES OF DEATH?
pefore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE O	F INJURY (a.g., in or about actary, straet, affice bldg.	1 21C. WHERE DID	(If in Baltima)	ra City, give exect location!
pe	DEATH (natify modical examiner) atc.)	,,			
ained	OF INJURY		21F. HOW DID IN	JURY OCCUR?	
u u	(APPROX) While At Work	Nat While At Wark			
ġ.	22. I certify that (1) (this hospital) attended the decea		26	1965 10	11/30 1965.
0 00	that (1) (we) lost sow the deceased olive on	130 1	965 and 1	that in (my) (our) op	inian death occurred on the dote
st b	ond haur and from the couses stated above. (1) (We) (d				
must	23A. SIGNATURE				23B. DATE SIGNED
	Name NI Cones	M.D. Attending Phys.	Med. Diroctor	Staff Phys.	12/1/65
approval	MAME (Typo)	23D. ADI	DRESS	0	CLOII MI
dd	Marcus W. Moore D	Y M.D.	5/1N.	Carey	21 Barto, Md
0	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY of CREMATOR	Y 24D.	LOCATION /(C	ity, town, or countyl (State)
ter	Burial 12-3-65 Baltimo	re National	E	Baltimore, Ma	aryland
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIST	RAR 25C.	FUNERAL DIRECTO	OR .	ADDRESS
5	3 N65 0 0 5 0 To a	A) A	clington S;	Phillips :	1727 Monroe St.
	V.) 130+KFV, 1/1/65			T	



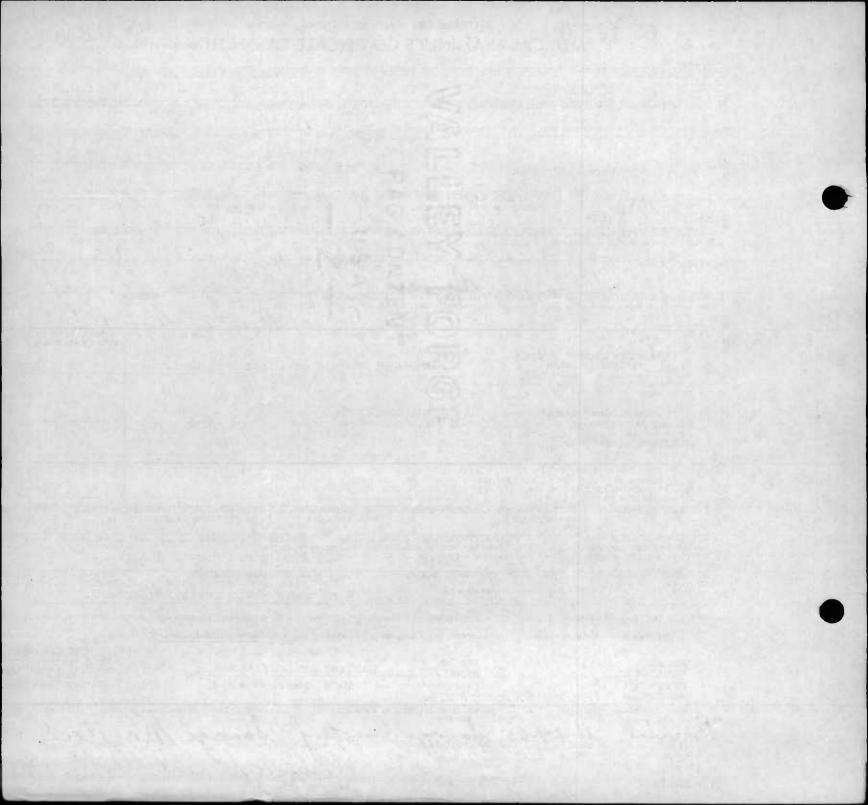
65 12339 BALTIMORE CITY HEALTH DEPARTMENT

11	100	1
#	150	
1	1	1

MEDICAL EXAMINATION	SERTIFICATE OF BEATTING
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	
LEROY B. HOBB 5. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ST. AGNES HOSPITAL	D. STREET ADDRESS (If rurol, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years) Joseph
WIDOWED, DIVORCED(specify)	Months Doys Haurs Min.
Male White 10A. USUAL OCCUPATION (Give kind of work 10B KIND OF BUSINESS OR INDUST to perduring most of working file, even if refired)	RYIT. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT Lungerford
Yas, no arunknawn) (If yes, give wor or dates of service) SECURITY NO.	Lerand Lahly & Bit 23 mg
18. E 1 G	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CT11	
(This does not maan the made of dying e.g., hoort foilure, asthenia, alc. It means the disaase, injury or complication which caused death.)	shing injuries of head and cnest
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
UNDERLYINGWOR CONTRIB-	office bldg. INJURY OCCUR? Camp Meade Road at Intersection of Beltway
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21f. How DID INJURY OCCUR? Driver in truck -
(APPROX.) 11 22 165 8 AM m. WORK X AT X AT	WORK tractor-trailer collision
I certify that I held on Inquiry Inspection A	utopsy v ond that on this bosis, death in my opinion
resulted from: Notural couses Accident X Suici	
ACTUAL 11.000 Soll	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE SUSSELL STATEM.	ASSOCIATE MEDICAL EXAMINER 11-22-65
NAME (Type) RUSSELL S. FISHER, M.D.	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	11-1 13 07
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C FUNERAL DIRECTOR ADDRESS
DEC 9 10CF A	1/2/1/201/1/1/1



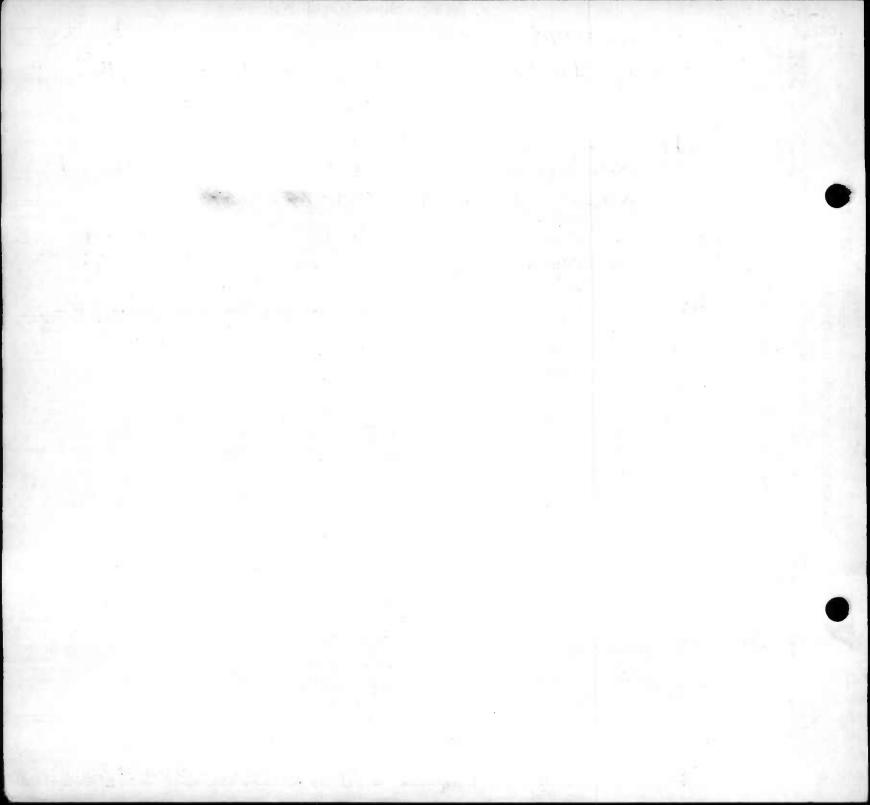
65 12340 BALTIMORE CITY HEAD	00 17340
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JOSEPH DANNER	November 20, 1965 6:20 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore
Maryland General Hospital	D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male White 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr, If Under 24 Hrs. Months, Doys Hours, Min.
IDA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	YII. BIRTHYLACE (State or Joreign country) 12. CITIZEN OF
done during most of warking life, even if refired)	St Paul Minnesota USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
I del de la Maria	11.1.1. 1.0. 6.
15. WAS DECEASED EXER IN U.S. ARMED FORCES? / 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unishown) (If Jes, give wor or dotes of service) SECURITY NO.	0 170 4 1 140
yes 577-26-333	
189 £ 984 X 1 CAUSE	OF SEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not more the made of thing as	ot Wounds of Chest and Head.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
DI II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO A DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes
UNDERLYING TO CAUSE WAS UTING CAUSE OF DEATH. 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Alley	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) office bldg., INJURY OCCUR? Off 1300 Block Maryland Avenue
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 11 20 65 P WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	Shot self and was shot by law enforcement of the self and the
22. certify that I held an Inquiry Inspection Au	tapsy x and that an this basis, death In my aplnion
resulted fram: Natural causes Accident Suicid	
ACTUAL (1) / OLL \ OLE	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE Challes I clay M.D	ASSISTANT MEDICAL EXAMINER 11/22/65
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Charles S. Petty, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY C	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Burial 11-24-65 Sange	Cometery Sange Maryland
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
DEC 3 1965 Report E. Farburn	De Witt Donald a Burn he
VS 151-REV. 1/1/65	0 9 9



31-21-45

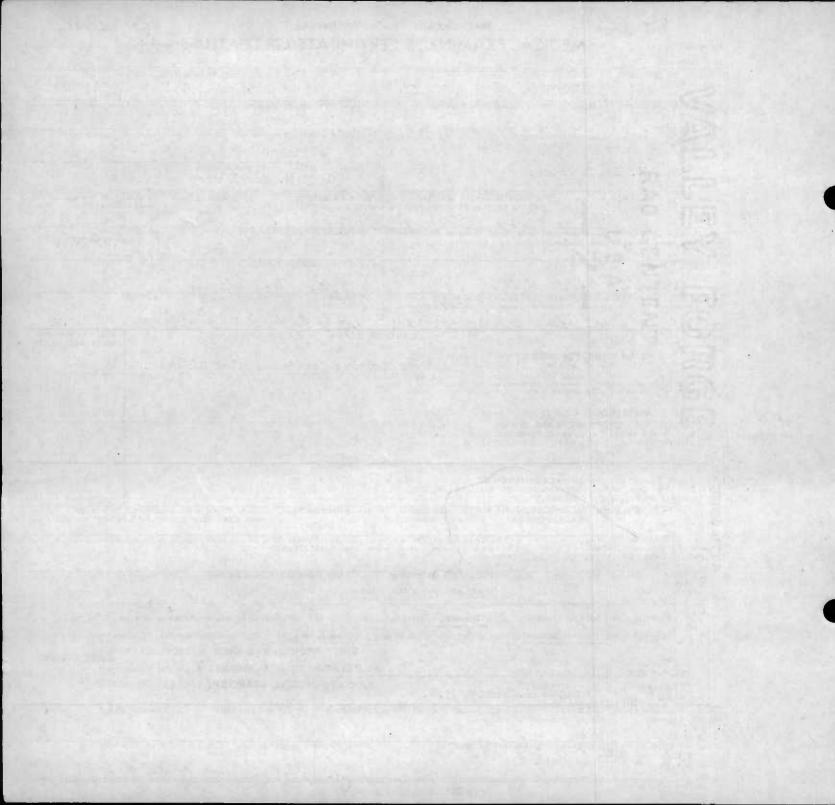
BALTIMORE	CITY	HEALTH	DEPARTI	AFN
DALTIMUKE	CILI	DEALID	DEFARIT	NELA

		BALTIMORE CITY	HEALTH DEPARTMENT				
M.E.	H NO. 3 65 212345	CERTIFICA	TE OF DEATH	Registered No.	55 12341		
3. PI	LACE OF DEATH IN BANTIMORE, MARYLAND	Jannie	12-		utian: residence before odmission)		
H	OSPITAL OR oddress or location) NSTITUTION C. + 1	C. CITY OR TOWN (II outside city limits, write RURAL and give township) BALLO D. STREET ADDRESS (If rural, give location) 1200 MOShaw Shae B. DATE OF BIRTH 19. AGE (In years II Under 1 Yr., II Under 24 Hrs.					
7	1940 CAStern a						
	WIDO	IED, NEVER MARRIED WED, DIVORCED (specify) 14 - Lect OF BUSINESS OR INDUSTRY		last bird 4	II Under 1 Yr. II Under 24 Hrs. Annths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?		
2.0	ouse wife	5. C		U.SA			
	ATHERS NAME		14. MOTHER'S MAIDEN NA	ME			
	Morris Robinson	Ida					
Yes,	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dotes of servi	SECURITY NO.	17. INFORMANT		ADDRESS		
	NO		RECORDS: BCH,	4940 Eastern	Ave., #21224		
	DISEASE OR CONDITION DIRECTLY	CAUSE O			ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying,	chacc lose		9 455			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) Tuber culosis (A) DUE TO DUE TO DUE TO						
	ANTECEDENT CAUSES	OUE TO					
	DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoting UNDERLYING CONDITION lost.		Occolt 1	leglorm			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			,			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes					
AL C	21A, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)		
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21 F. HOW DID INJ	URY OCCUR?			
	22. 1 certify that (1) (this haspital) attended the deceased from September 27, 19 65 to December 1, 19 65						
	that (I) (we) lost saw the deceased olive	on December 1,	19 65 ond th	not in (my) (our) opinio	on death occurred on the dat		
	and hour and from the couses stated abov	e. (I) (We) (dld) (dld not) v	view the body ofter deoth.	là.	3B, DATE SIGNED		
	SIGNATURE A	M.D. Att.	ending Med.	Stoff Phy 2	12/1/		
	23E. PHYSICIAN'S NAME (Type)	T. M.D.	Buld.	ty Hosp	bl-		
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City,	town, or county) (State)		
-	Buriel 12-6-65	mt Auburi	V Cem. 15	Saltimor	e, Ind.		
25A	DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	V/ 15110	ADDRESS		
VS	DEC 3 1965 Poly 2	Total want	ingregist.	Vector 1990	N. Calbon St		



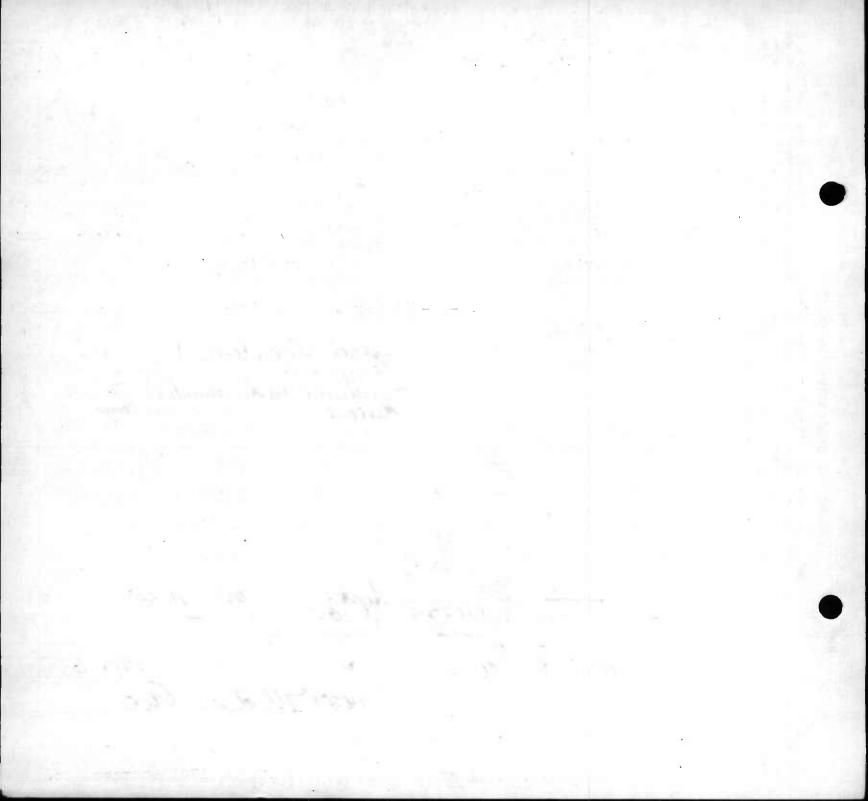
M-	1-	20	_
1 1	0	7	

BIRTH NO.	WEDI	CALEX	AMINER 5 CI	EKITFIC	ATE OF L	JEATH Registe	red Na	
M.E CASE NO.								
1. NAME OF DEC	BENJAMIN	V F.	MARTIN			mber 2, 196		11:30 A
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR OF ADDRESS OR LOCATION) 1902 W. North Avenue				4. USUAL RESIDENCE Where deceosed lived. If institution: residence before odmission A. STATE Maryland				
				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				
				D. STREET ADDRESS IIf rurol, give locotion) 1902 W. North Avenue				
Molo WIDOWED, DIVORCED(specify)				B. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.				
IOA. U SUAL OCCU		TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreign	n country,	12. CITIZE	N OF COUNTRY?
3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				J. N.
5. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	116. SOCIAL	17. INFORM	ANT	bilson	ADDRESS	
les, no or unknown)	(If yes, give wor or dote	s of service)	SECURITY NO.	-1 Nm	Malack	4 Phothe	when	. Ind.
18. 44	3 X		CAUSE	OF DEATH	1	- Da - C		INTERVAL BETWEEN ONSET AND DEATH
DISEAS	DISEASE OR CONDITION DIRECTLY							
heart failure,	(This does not meon the mode of dying, e.g., heart foliure, ostherio, etc. II meons the disease. injury or complication which coused death.) Hypertensive Cardiovascular Disease. DUE TO							
	ANTECENDENT CAUSES							
DISEASES O	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST G CONDITION LAST.	NY, GIVING	DUE TO	••••••				
Z	(C)							
O THE	II IIFICANT CONDITIONS DEATH BUT NOT REL	ATED TO TI	NG HE					
19A. DATE OF	OPERATION 198. CON WAS PERI	DITION FOR V	WHICH OPERATION			20B. IF YES, WERE FI IN CERTIFYING CAU		
21 A, EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 2 office bldg., It	IC. WHERE DID	If in Boltimore City, gi	ve exoct loc	cotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	W	HILE AT NOT AT W	WHILE	F. HOW DID INJU	RY O CCUR?	Kt-	
22. certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my opinion								
result	ed fram: Natural car	ses X A	ccident Suicid			Indetermined mann	er 🗌	
ACTUAL		arles &	1 can M.D.		F MEDICAL EX IT MEDICAL EX			DATE SIGNED
EXAMINI NAME (T	ER'S Chamba	s S. Pet	ty, M.D.	•	TE MEDICAL EX			12/2/65
BURIAL CREA	AATION, 23B. DATE	236	C. NAME OF CEMETERY	CREMATO	RY 23 D. LO	CATION (City	, town, or co	ounty) (Stote)
Bulla 24A. DATE REC'D	1 13/71	65 1248-NAME	BC/40. NO REGISTRAR	12/2.	JNERAL DIRECTOR	Salt Kar or	10,1	DDRESS
DEC	3 1965 Role	F. E F.	O AEGISTRAN	240, 1	gest of	Klar 133	18 N	Calker S
VS 151-REV. 1/1/6	5			11		C.E. S.		



RA	LITIMO	E CITY	HEALTH	DEPART	MENT

NAME OF D	ECEASED VVIIIO	m G. Price	2. DATE AN	ID HOUR OF DEATH	- 4-1	
Type or Print)		G. Price	301	Movember 1	1965 8 30/17	
PLACE OF DEATH IN BALTIMORE, MARYLAND			4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admi	
FULL NAME OF (If not in haspital or institution, give street			Maryland		5-	
HOSPITAL O	R address ar location)			C. CITY OR TOWN (If autside city limits, write RURAL and give fownship)		
		Baltimore				
1	Sinai			rural, give lacation)		
				lumbus Di		
. SEX		7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months Doys Hours A	
Male	Negro	Married	1-2-1923	42		
	af warking life, even if retired)	108. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
Crane	Chaser		Callands, V	a.	U.S.A.	
3. FATHER'S N	IAME		14. MOTHERS MAIDEN NA			
· ·	James Price		Cornel	ious Swans	son	
5. Wos Deceas	sed Ever in U. S. Armed Farc		17. INFORMANT		ADDRESS	
es, no or unkno	windit yes, give wor or dates		10 44 73 33			
18.	1/ 2 1/		18 Mrs. Shelby	Frice	INTERVAL BETWEEN	
6-9	EASE OR CONDITION DIR		v uniii		ONSET AND DEAT	
Dist	LEADING TO DEATH		(colored their	la int	- Sule	
	s not mean the made of		Similari Salari Salari	com a jul		
	re, asthenia, etc. Il means complication which caused		accuepare 10	1	4	
	ANTECEDENT CAUSES	(8)	gresteurise car	Les -vareala	W Z glav	
DISEASES	OR CONDITIONS, if a	DUE TO	disease		240	
rise lo	the above cause (A)		TO FOLK		8	
UNDERLY	ING CONDITION lost.					
Z	11	DAITMALITIMO				
E TO THE	DEATH BUT NOT RELA	TED TO THE			The Physical of	
U 19A. DATE	OF OPERATION 198, CONE	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED	
	WAS PERF	ORMED		IN CERTIFYING CA	USES OF DEATH?	
1 2TA ACCI	DENT WAS UNDERLYING		g., in ar about 21C. WHERE DID	(If in Baltimar	e City, give exact location)	
< DEATH (no	IBUTING CAUSE OF	etc.)	t, affice bldg., INJURY OCCUR?			
0 21 D. TIME	(Month) (Day) (Year)	(Haur) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
OF INJURY		While At Not	While			
		Work At V				
22. I certi	ify that (1) (this hospita l)	attended the deceased fram	Nepts	19 QS 10 /1.	30. 19.6	
that (I) (4	(a) last saw the decease	d alive an 1(1991	1965 and th	at In (my) (aux) opl	nian death accurred on th	
and hour	and from the causes state	ed abave. (1) (We) (did) (did no	t) view the body after death.			
23A. SIGNA	ATURE				23B, DATE SIGNED	
	PATAOA X) _ (06/55/ M.D.	Attending Med. Director	Stoff Phys.	12.2.65	
23C. PHYSIC	CIANS	COUL	23D. ADDRESS	,	0	
NAME	(Type)	Λ.	1.D. 1427 7/16	11.00/1	110	
4A. BURIAL C	REMATION, 248, DATE	24C. NAME of CEMETERY of	1 to loud	OCATION (C	ity, tawn, or county) (S	
and the Manual of	LIE TOTAL PAIL	240. HAIVIE OF CENTETER! OF	24D. L	CATION	ily, lawn, or county) (5	
REMOVA						
Puria	12-5-63	DCHOOLL TELL	Church	Callands	Va.	
Puria	12-5-65 TO BY HEALTH DEPT.	Schoolfield 258. NAME OF REGISTRAR	Church 25C. FUNERAL DIRECTOR	Callands	Va ADDRESS	
Puria	12-5-63	DCHOOLL TELL		Callands	Va.	



IMPORTANT FUNERAL DIRECTOR:

65 12344 Registered No. BIRTH NO. CERTIFICATE OF DEATH and (4) Undetermined cause; (5) Deceased contributing cause of death M.E. CASE NO. Such I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 65 a hospital OWN, eath. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance B. CDUNTY CITY OR TOWN FULL NAME DE HOSPITAL DE INSTITUTION (If not in hospital or institution, give street 0 address or lacation) (If outside city limits, write RURAL and give township) attend 0 niversity Hospital prior (If rurol, give location) occurred 2538 Laurotta is made. regular 7. MARRIED, NEVER MARRIED 5. SEX 9. AGE (In years If Under 1 Yr. Months: Days WIDOWED, DIVORCED (specify) deceased lost birthdoy 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition = done during most of working life, even if retired) the direct or Baken Baker Was MOTHER'S MAIDEN NAME the 13. FATHER'S NAME Benjama LOUR assistant death uo kind; 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no ar unknown) (II yes, give war or dates of service) SECURITY NO. Annie Brim attendance Same Address any pronounced 0 1B. CAUSE OF DEATH or his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH Glomenworephritis fracture (This does not meon the mode of dying, heart failure, asthenia, etc. It means the disease, the chief medical examiner 0 ardjustiver Disease injury or camplication which coused death.) regu ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, il any, 3 rise to the above couse (A) stating the physician the remains UNDERLYING CONDITION last. medical burns; Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE DR CONDITION CAUSING IT. (2) Body 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OPERATION O WAS PERFORMED before done the body was released to the hospital by 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? City, give exact location) where °Z MEDICAL DEATH (notily medical examined) atc.) any nature; 6 obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY certificate must be approved (except Not While While Al (APPROX.) At Work and Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an... and that in (aur) apinian death accurred an the date An accident of hospital death) and have and from the causes stated above. (N. (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED Attending M.D. Med. Stoff 40 Phys. Director approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) was D.O.A. deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) shows: 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

:00

If Under 24 Hrs.

(Stote)

ADDRESS

Hours

USA

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

----Straff and List Hagery I'M WAY I'M ON I'M O ST38 Lamoths AVI 5.010 Be trop Rack Carden Botton Senjema Benera Even Love Arase Barn thronic strainmentation is Hygraphysise Constantion Brans Synch NH done ye + Q. B. comed P. lest, Christy Hagotal

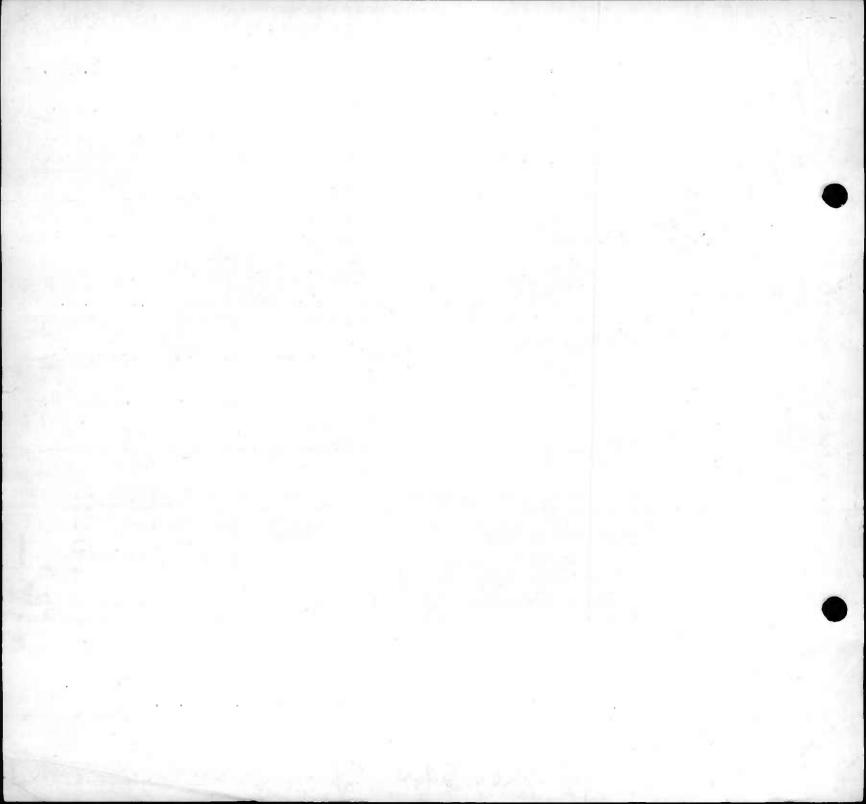
		BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 65 12345	CERTIFICA	TE OF DEATH	Registered Na	65 12345
1. P (Ty	Pe or Print) COX, THOM	AS, S-	12/2	HOUR OF DEATH	730 p N
	FULL NAME OF (If not in hospitot or instit oddress or location) NSTITUTION	ution, give street	A. USUAL RESIDENCE (When A. STATE B. COUN'	tγ	1403
1	BALTIMORE CITY		D. STREET ADDRESS (III	ORE	C
5.		RRIED, NEVER MARRIED OWED, DIVORCED (specify) Divorced	B. DATE OF BIRTH	G. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B, KII He during most of working life, even if retired) HAT MAKER		11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
15.	Was Deceased Ever in U. S. Armed Forcests, s, no or unknown) (If yes, give wor or dates of set	I 6. SOCIAL SECURITY NO.	14. MOTHER'S MAIDEN NAM	TATIOR	ADDRESS
	DISEASE OR CONDITION DIRECTLY	2/7-07-5877 CAUSE O		940 Eastern	Ave., Balto.Md.2123
	LEADING TO DEATH (This does not meon the made of dying, heart failure, asthenio, etc. 11 meons the distinjury or camplication which caused death.) ANTECEDENT CAUSES		Neprloma Wasis of Live	<u> </u>	6 MONS.
7	DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating UNDERLYING CONDITION last.	giving The (C)			
CATIO	OTHER SIGNIFICANT CONDITIONS CONTRIET TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
CERTIFIC	OR CONTRIBUTING CAUSE OF		Yes	IN CERTIFYING CAL	SES OF DEATH? City, give exoct locohon)
1		etc.)	mee eneggy mile and energy mile		
U		21 E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
	21 D. TIME (Month) (Doy) (Year) (Hours (APPROX.)	21 E. INJURY OCCURRED White At Not While At Work			165
U	21 D. TIME (Month) (Day) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased alive	21E. INJURY OCCURRED White At Not While At Work ded the deceosed from At the on State At No.	love 22 1	965 10 De	165 Ion death occurred on the do
U	21 D. TIME (Month) (Doy) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention	21E INJURY OCCURRED White At Not While At Work ded the deceosed from	1965 and the leading Med.	965 10 De	Commence I / minoreness
MEDIC	21D. TIME (Month) (Doy) (Year) (Hourd OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE 23C. PHYSICIANS (NAME (Type)) A. POSEA	21E INJURY OCCURRED White At Not White At Work ded the deceosed from	196 5 ond the liew the body ofter deoth. And Med. Director 22D. ADDRESS 4940 Eas BALTIMOR	Stoff Avenue,	238. DATE SIGNED 12/2/1 Baltimore, Md. Hoppitals
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hours OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attention that (I) (we) lost sow the deceased alive and hour and from the couses stated about 23A. SIGNATURE 23C. PHYSICIAL'S NAME (Type) A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	21E INJURY OCCURRED White At Not White At Work ded the deceosed from	196 5 ond the liew the body ofter deoth. And Med. Director 22D. ADDRESS 4940 Eas BALTIMOR	Stoff Avenue,	lon deoth occurred on the dot

Continued City Howards BALTIFICKE 1911 R. Carron ST. N 41/13 52 Maryenn a G S HAT HAKER JESSE COX COLISE TARLOR 217-07-877 1 Johns Certain of Laires er Rees es BALTIMORE CATY HOSPITALS G. A Posen

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the books. deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. BALTIMORE CITY HEALTH DEPARTMENT 65 12346

M.E. CASE NO. 65 12346	CERTIFICA	ATE OF DEATH	Registered No	, 00 Trotto
1. NAME OF DECEASED		2. DATE AN	NO HOUR OF DEAT	Н
(Type or Print) COLBERT, C	harles	12/	2/65	9.25 P.
B. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admissio
FILL NAME OF A STATE ASSESSED.				
FULL NAME OF (If not in hospital or i HOSPITAL OR oddress or location)	nsiliulian, give street		ne Arundel	e RURAL ond give lownship)
BALTIMORE CI	TY HOSPITALS	to be a second of the second o		The state of the s
4940 Eastern		ANNAPOLIS D. STREET ADDRESS (IF	rurol, give location)	<u> </u>
	aryland 21224	Rt 2 Box 142	21400	
	MARRIED, NEVER MARRIED	B, DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
	WIDOWED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Male Negro	Divorced	12/26/92	72	
IOA USUAL OCCUPATION (Give kind of work 10)	KIND OF BUSINESS OR INDUSTR	Y TIL BUTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Retined		111100		MISIA
13. FATHERS NAME	11 1	14. MOTHERS MAIDEN NA	ME	
agmen 11 hs	Best.	87/1001	out Y	2010100
15. Was Deceased Ever in U. S. Armed Forces'	1 6. SOCIAL	17. INFORMANT	em c	ADDRESS
Yes, no grunknown) (If yes, give wor or dotes o	service) SECURITY NO			
110	21530,464	RECORDS: BCH 49	40 Eastern	Ave., Balto.Md.2122
18.// 3 / 1		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIREC	TLY	A		ONSET AND DEATH
LEADING TO DEATH	(A) No	enocarcimon	a of the	Smonth
(This does not mean the mode of dy heart failure, asthenia, etc. It means the		D	0	
injury ar camplication which caused de		tung		
ANTECEDENT CAUSES	(B)	<i>—</i>		***************************************
DISEASES OR CONDITIONS, if any	DUE TO			
rise to the above cause (A) sto		**************************************		
UNDERLYING CONDITION last.				
_				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED	TRIBUTING			
& DISEASE OR CONDITION CAUSING II.				
198. CONDIT WAS PERFOR			IN CERTIFYING	E FINDINGS CONSIDERED AUSES OF DEATH?
E O		No		
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltim	ore City, give exoct locotion)
DEATH (notify medical examiner)	elc.)	onide oragi, into an oragon.		
	four) 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
5 01 11130KI	While At Not Wh			
(APPROX)	Work At Work			
22. I certify that (I) (this haspital) a	ttended the deceased from	Dec 2	19 65 to	Dec 2 1965
that (1) (we) last saw the deceased of	live on Occ 2	19 65 and th	ot in (my) (our) a	pinion death accurred on the do
			,,, (,,	
and hour and from the causes stated	abave. (I) (We) (did) (man-64)	view the bady after death.		DATE SIGNED
25 SIGNATURE ON M	0	tending Med.	Stoff N	238. DATE SIGNED
heorait + che	M.D. At	ys. Director	Stoff Phy s.	12 2 65
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
Leonard J. Quadracci	M.D	4940 Eastern A	ve., Balto.	Md. 21224
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI			City, town, or county) (Stole)-
REMOVAL (Specify)	1 12 1 march	and la	+May	raid mal
DINUE 121-6	DAUMED	reen 2	11/10009	with alle
25A. DATE REC'D BY HEALTH DEPT. 25	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS AND

VS 150-REV. 1/1/65



BALTIMADE	CITY HEALTH	DEPARTMENT
DALIIMURE	CHI T DEALID	DEFARIMENT

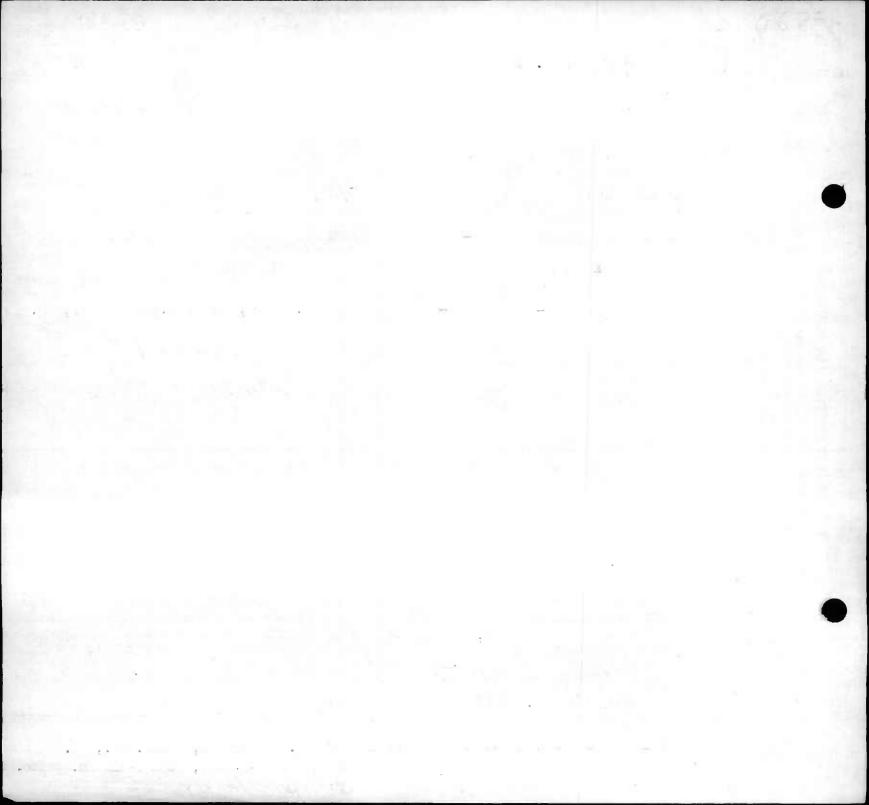
	c.r	10040		SALTIMORE CITY HEA	LTH DEPARTMEN	IT		65	490 40
BIRT	H NO. 00	1634 MEI	DICAL EX	AMINER'S	ERTIFICAT	TE OF D	EATH Ragista	rad Na. OU	12047
M.1	CASE NO.								
1. I (Ty)	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNC	ED DEAD	
			MELVIN	J. LEWIS			12/3/6		15 a. M.
3. P	LACE IN BALT	IMORE, MARYLAND,	WHERE PRONOL	INCED DEAD	A. STATE	ENCE (Where d	leceosed lived. If inst		belore admission)
FUI	L NAME OF	(IF NOT IN HOSE	TAL OR INSTITU	TION, GIVE STREET		yland	corporate limits, write	PILPAL and six	e township)
IN S	SPITAL OR	ADDRESS OR LO	CATION)				corporote littins, with	LA A	e lowinship?
1	1)					timore		1-0	
70		St. Agnes	Hospital		D. STREET ADDI				
5. S	ev	6. RACE		NEVER MARRIED	B. DATE OF BIRT	O Andre	9. AGE IIn years	If IIndo: 1 V.	If Under 24 Hrs.
J. 3	male	white		DIVORCED (specify)	B. DATE OF BIRT	•	9. AGE IIn years lost birthdoy 37		Hours Min.
				rried	Sept. 1	, 1928			
IOA don	USUAL OCCU during most of v	JPATION (Give kind of w vorking life, even il retired	ork IOB KIND OF	BUSINESS OR INDUSTI	RYII. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF	
A	sst. For	eman	Ra	ilroad	Ba*	lto. Md.		USA	
13.1	ATHER'S NAN	E			14. MOTHER'S M	AIDEN NAME			
	Ge	eorge Lewis	Q		1	Margaret	A Wiegand		
		D EVER IN U.S. ARM		16, SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes				Mrs. Dor	othy E.	Lewis 1	340 Andre	St.
	1B "			CAUS	E OF DEATH	0011) 230	And the state of t	INTE	RVAL BETWEEN
	DICEAC	SE OR CONDITION	DIRECTIV					ONSI	ET AND DEATH
		LEADING TO DEA	TH	Subara	chnoid and	intra-	ventricular		
	(This does not heart loilure.	ot meon the mode osthenio, etc. It med	of dying, e.g.,	ADAR AGA					
	injury or cor	nplication which couse	ed deoth.)			-	, originati	-	
	A	NTECENDENT CAU	ISES		ptured and	eurysm o	r Circle of	Willis	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO					• • • • • • • • • • • • • • • • • • •
		E ABOVE CAUSE IA) IG CONDITION LAS							
Z				(C)					
CERTIFICATION	OTHER SICE	II NIFICANT CONDITION	IS CONTRIBUTION	le.					
S	TO THE	DEATH BUT NOT	RELATED TO T						
RTII		OPERATION 198, CO		WHICH OPERATION	20A ALITOPSY	2 IYas or No.	OB. IF YES, WERE FIL	V DINGS CONSI	DERED
CE	D DAIL OF		ERFORMED	WHICH OFERATION	The second secon	i ites or two/	N CERTIFYING CAU	SES OF DEATH?	PERED
AL	21 A. EXTERNA	CAUSE WAS	21 R	PLACE OF INJURY le.g.,	yes				1
EDIC,	UNDERLYING UTING CAU	OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJURY	OCCUR?	on administrative growth	10 00000	
MEC									
_	OF INJURY	(Month) (Doy) IY		IE INJURY OCCURRED		DW DID INJUI	RY OCCUR?		
	(APPROX.)		m. V	VHILE AT NOT	WHILE				
	22.	ify that I hald an	Inquiry [Inspection A	utapsy 🗶 and	d that on this	basis, death in n	ov goinian	
	resul	tad fram: Natural	causas A	ceidant Suici			ndetermined manne	ar [
	ACTUAL	1.10.	. 6	- /		EDICAL EXA		DA	TE SIGNED
	SIGNAT	URE When	44.7	M.I	D. ASSISTANT M			72/2/6	_
	EXAMIN		U. Spit	, M.D.	ASSOCIATE M	EDICAL EX	AMINER	12/3/6	>
23 A	NAME (231	C. NAME of CEMETERY	or CREMATORY	23 D. 1 O	CATION (City,	town, or county)	(Stote)
	AOVAL (Specify		23	- Contraction					
	Burial	12 6	1965	Holy Cros	SS	Bro AL DIRECTOR	oklyn, A. A	. Co. 11d	
244		BY HEALTH DEPT.		OF REGISTRAR				ADDRE	:22
	DEC	6 1965 R	S. B 2.	TOLINAUMAN	Mc	c Cully]	30 E. Fo	rt Ave.
	151-REV. 1/1/	15		-		1110			

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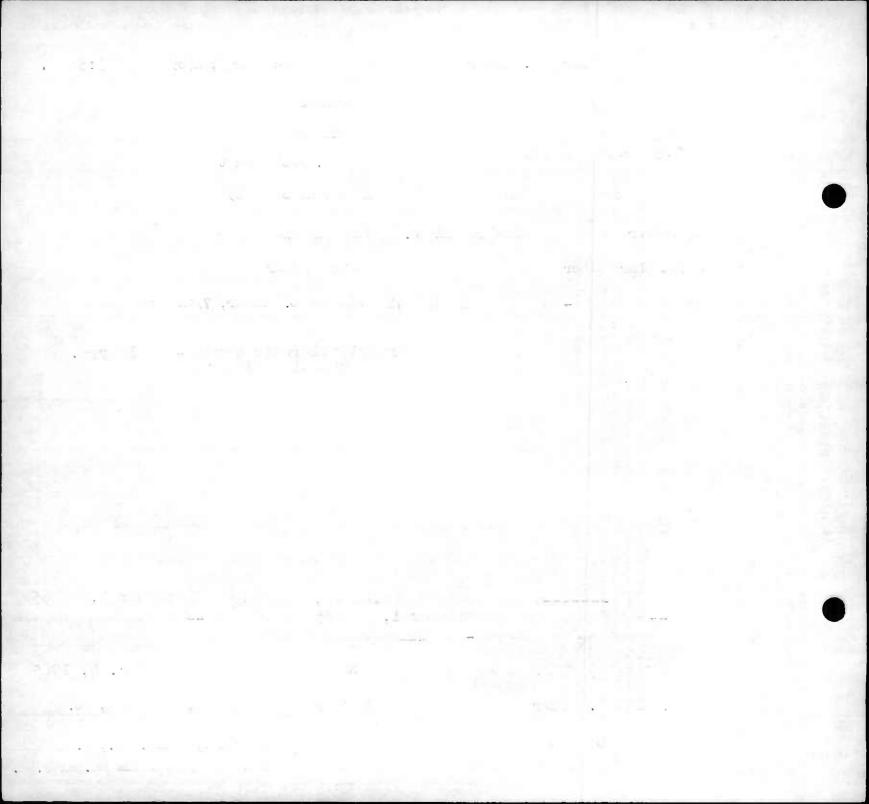
VS 150-REV. 1/1/65

		CITY HEALTH DEPARTMENT
	MRTH NO. 65 12348 CERTIFI	CATE OF DEATH Registered No. 65 12348
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type of Print) SHIRLEY H.SIMMS	121 2165 445 Am.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street	LONG GREEN MD RURAL Balts
	HOSPITAL OR oddiess or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
-	THE MANUEL MARKING MASSITAL	D. STREET ADDRESS (If jurol, give location)
	THE JOHNS HOPKINS HOSPITAL	MANOR ROAD
mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIRDWED WIRDWED Specific MARRIED MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2 -	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
III Spesification	HOUSEWIFE	MARYLAND USA
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	REUBEN L HARMAN	MARIE WILSON
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS
	NO -	ARTHUR W. SIMMS, MANOR RD., LONG GREEN, MD.
	18. 204 /I CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY	
med or ting	LEADING TO DEATH	Myeloprolifeative disease 14 years heukenic CNS infelhate 9 days
pa	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. 11 means the disease,	,
2	injury or complication which coused death.)	Leukomia CNSwellhato 9 days
E	ANTECEDENT CAUSES (8) DUE TO	neuwenic - vo japienace 1 app
	DISEASES OR CONDITIONS, if any, giving	
c c c c c c c c c c c c c c c c c c c	rise Ia lhe obove cause (A) slaling the (C) UNDERLYING CONDITION lost.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	U 19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) set, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner)	
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	
	21D. TIME (Month) (Doy) (Yeol) (Hour) 21E, INJURY OCCURRED	While Work
	OF INJURY (APPROX.) (Month) (Doy) (Yeot) (Hout) (APPROX.) (Month) (Doy) (Yeot) (Hout) (Approx.) (Approx.)	While Work
	21 D. TIME (Month) (Doy) (Yeo) (Hour) 21 E. INJURY OCCURRED While At Not Work 22. I certify that (I) (this hospital) attended the deceased from	While Work 1/23 19 65 to 12/2 19 65,
	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED While At Not Work At 22. I certify that (I) (this haspital) attended the deceased from that (I) (we) lost sow the deceased alive on 12/2.	While \square Work \square 19 65 to 12/2 19 65, 19 65 ond that in (my) (our) opinion death occurred on the date
	21 D. TIME (Month) (Doy) (Yeo) (Hour) 21 E. INJURY OCCURRED While At Not Work 22. I certify that (I) (this hospital) attended the deceased from	While \square Work \square 19 65 to 12/2 19 65, 19 65 ond that in (my) (our) opinion death occurred on the date
	21 D. TIME (Month) (Doy) (Yeol) (Hour) 21 E. INJURY OCCURRED While At Not Work At At 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did to the couse of the	While Work 1965 to 12/2 1965
	21 D. TIME (Month) (Doy) (Yeol) (Hour) 21 E. INJURY OCCURRED While At Work At	While Work 1965 to 12/2 1965, 1965 ond that in (my) (our) opinion death occurred on the date was view the bady ofter death.
	21 D. TIME (Month) (Doy) (Yeol) (Hour) 21 E. INJURY OCCURRED While At Work At	While Work 1965 to 12/2 1965
	21 D. TIME (Month) (Doy) (Yeol) (Hour) 21 E. INJURY OCCURRED While A1 Work A1 A1 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did and a) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	While Work 1965 to 12/2 1965 1965
	21 D. TIME (Month) (Doy) (Yeol) (Hour) 21 E. INJURY OCCURRED While A1 Work Not Work A1 A1 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did 23A. SIGNAJURE 23C. PHYSICIAN'S NAME (Type) WILLIAM B. CUTTS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify))	While Work 19 65 to 22 19 65 , 19 65 ond that in (my) (our) opinion death occurred on the date 19 65 ond that in (my) (our) opinion death occurred on the date 19 65 ond that in (my) (our) opinion death occurred on the date 19 65 ond that in (my) (our) opinion death occurred on the date 238 DATE SIGNED
written approval must be obtained betore	21 D. TIME (Month) (Doy) (Yeol) (Hour) 21 E. INJURY OCCURRED While A1 Work A1 A1 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did and a) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	While Work 1965 to 12/2 1965, 1965 ond that in (my) (our) opinion death occurred on the date of view the bady ofter death. Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23D. ADDRESS M.D. JOHNS HOPKINS HOSPITAL OF CREMATORY 24D. LOCATION (City, town, or county) (State)

Park Cem Taylor
25C. FUNERAL PIRECTOR
Burgee Funeral



			BALTIMORE CITY	HEALTH DEPARTMENT		00 10040	
BIRTH NO.	65 12345		CERTIFICA	TE OF DEATH	Registered No.	65 12349	- 4
M.E. CASE NO. 1. NAME OF DECE (Type or Print)	ASED	M. Fisl	- A - J - J - J - J - J - J - J - J - J	2. DATE A	and hour of death mber 3, 1965		Α.
3. PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (Wh	ere deceased lived. If i	nstitution: residence before	
FULL NAME OF	F IIf not in hospital address or lacation		give street	Maryland		RURAL and give township)	
MOITUTITZMI	al usta. Nicona and an ar-1	II		Baltimore	orono ony mino, mino	Notice one give township.	
	igh Nursing				f rurol, give locotion)		
2075	Rockrose Ave	nue		900 W. 36th	Street		
. sex Male	6. RACE White		NEVER MARRIED D, DIVORCED (specify) VECL	B. DATE OF BIRTH 18 Nov 1876	9. AGE (In years tost birthday)	If Under 1 Yr. If Under Months Doys Hours	Min.
OA. USUAL OCCU	PATION (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF	
one during most of v	varking life, even if retired)					WHAT COUNTRY?	
Supervis		Standa	ard Oil Co.	Pennsylvania		USA	
3. FATHER'S NAN	A E			14. MOTHER'S MAIDEN NA	AME		
Christop	her Fisher			Laura Harper			
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
No No	yes, give war ar date	o ur service/	21.7 OL 9872	William C. F.	isher, 7921	Ruxway Road	
18. 1/)	211		CAUSE O	DF DEATH		INTERVAL BETW	
DISEAS	E OR CONDITION DIE	ECTLY				ONSET AND DE	HTA
	LEADING TO DEATH		(A) Art	terioscleroti	c cardio-	10 yrs.	
	of mean the mode of		DUE TO	vascular	disease		
	osthenio, etc. It means plication which caused			0000000	4200400		
	ANTECEDENT CAUSES		(B)				
			DUE TO				
	R CONDITIONS, if		(C)				
	CONDITION lost.						,
OTHER SIGNII	FICANT CONDITIONS C	TED TO TH					
DISEASE OR	CONDITION CAUSING I		WHICH OPERATION	120A AUTOBEN2 (You of h	No. 208 IE VES WEBE	EINDINGS CONSIDERED	
	WAS PER	FORMED		110		FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIBU	TING CAUSE OF medical examiner)	21 B ham etc.	e, form, foctory, street, a	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IIf in Baltima	re City, give exact lacation)	
21D. TIME	(Manth) (Day) (Yeat)	Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?		
OF INJURY			le At Not Whi				
		Wo			Cr Dec	cember 3. 10	65
			ne deceased from Ma		., 17		65
thot (1) (we)	lost sow the decease	d olive on	December 1,	19 65 ond 1	hot in (my) (our) op	Inion death occurred on	the d
and hour and	from the couses stot	red obove. (I) (We) (did) (did_oot)	view the body ofter deoth			
23A. SIGNATU	RE //	00 11	2			23B. DATE SIGNED	-
	Vone A	W X	M.D. Att	ending Med.	Stoff	Dec 1. 1	065
23C. PHYSICIA	Nºs	135	2 (L)	23D. ADDRESS	Phy s.	Dec. 4, 1	プログ
NAME IT	rpe)		1 (
	loyd E. Sayl		M.D.	3902 Greenmou		altimore, Md.	
REMOVAL (S	MATION, 248. DATE	24C. N	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	city, tawn, ar county)	(Stote)
Burial	6 Dec 6	Danas	d Ridge Cem	tome /p:	recrille De	Ita Can Ma	
	BY HEALTH DEPT.	25B NAME C	FAREGISTRAR	25C FUNERAL DIRECTO	kesville, Ba	ADDRESS	
DEC (8 1955 () 0	म हे, प्र	MANA		ral Home /363		to.
/S 150-REV. 1/1/6	5	, ,		1 18 William	AMA ATAN	400, 100	
I		4	P. S. S. P. P.		1/	1100110	



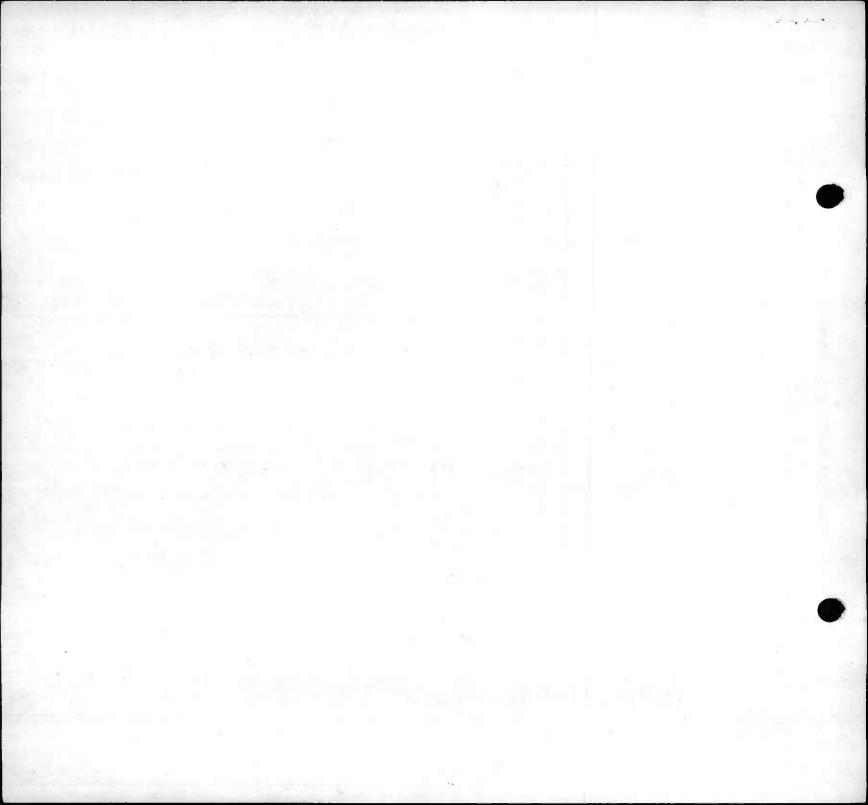
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

VS 150-REV. 1/1/65

IMPORTANT

FUNERAL DIRECTOR:

Type or Print) Irene Flake						AND HOUR OF DEATH	
					December 2 1965 10 P A		
. PI	ACE OF DEA	TH IN BALTIMORE, MA	RYLAND		A. STATE B, COUNTY		
FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION			Maryland	<i>d</i>	6 36		
					RURAL and give township)		
			D. STREET ADDRESS (If rurol, give location)				
6700 Germenhill Road			6700 Germanhill Road				
SI	X	6. RACE 7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.	
	F	W	WIDOWED, DIVORCED (specify) Widowed		9-1-1879	lost birthdoyi 86	Monits Doys Hours Mills
		JPATION (Give kind of work vorking life, even if relired)	108. KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
ne	housev			home	Paltimore		USA
. F	ATHERS NAM				14. MOTHER'S MAIDEN		
		Bottoms	tone		Fot	tomstone	
V	os Deceosed	Ever in U. S. Armed For	ces?	1 6, SOCIAL	17. INFORMANT		ADDRESS
25,	or unknown)	Till yes, give wor or dote	s or service)	SECURITY NO.	Dorothy Po	sko 6700 Ge	rmanhill Road
T	8.260	2 1		CAUSE O	F DEATH	10/4	INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION DI	RECTLY				
		LEADING TO DEATH		H.41	PERTENSIV	E ARTERIO.	SCLERUTIE GASE - YEAR
	This door n		And a second	(A)			
	IIII2 0062 III	at mean the made of	gying, e.g	DUE TO	2 2 1/05	19.111.14 18 111.1	GA 10 - 1-1-16
	hearl failure,	asthenia, etc. II means	the diseose	,			
	hearl failure, injury or cam	asthenia, etc. It means plication which coused	the disease death.)				
	hearl failure, injury or cam	asthenia, etc. II means	the disease death.)	,		S MY GL	
	heart failure, injury or cam A DISEASES O	asthenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if	the disease death.)	(B) DUE TO	IABETE	S M 60	LITUS
	hearl failure, injury or cam A DISEASES Orise to the	asthenia, etc. It means plication which coused ANTECEDENT CAUSES	the disease death.)	(B) D) DUE TO	IABETE NILE MO	S M 60	
	hearl failure, injury or cam A DISEASES Orise to the	asthenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a abave couse (A)	the disease death.)	(B) D. DUE TO (C) SE	IABETE NILE ME	SMEL	IÈ IN YOLU
	hearl failure, injury or cam A DISEASES O rise to the UNDERLYING OTHER SIGNII TO THE DI	asthenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a obave cause (A) CONDITION last.	ony, giving stoling lh	(c) SE TIL	IPBETE NILE ME DRATION	S M 60	IÈ IN YOLU
ALION	hearl failure, injury or cam A DISEASES O rise lo lhe UN DERLYING OTHER SIGNII TO THE DI DISEASE OR I	osthenia, etc. II means plication which caused ANTECEDENT CAUSES R CONDITIONS, if a bave cause (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 1798. CON	ony, giving stolling the CONTRIBUTING TO TITE.	IS DOUBTO IC) SE TIC NG DEHY HE ACID	IABETE NILE ME	S MY GL FLANCOL LEMATI	IC IN YOLU FINDINGS CONSIDERED
AUGIN	hearl failure, injury or cam A DISEASES O rise lo lhe UN DERLYING OTHER SIGNII TO THE DI DISEASE OR I	asthenia, etc. It means plication which caused antecedent causes (R. Conditions, if a obave cause (A) (CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I	ony, giving stolling the CONTRIBUTING TO TITE.	IS DOUBTO IC) SE TIC NG DEHY HE ACID	PRATION	S MGE CANEOU LEMATI	IC IN YOLU FINDINGS CONSIDERED
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shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any remark, (1) at a hospital (except where the physician who pronounced death was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Such

written approval must be obtained before the remains are embalmed or final disposition is made.

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

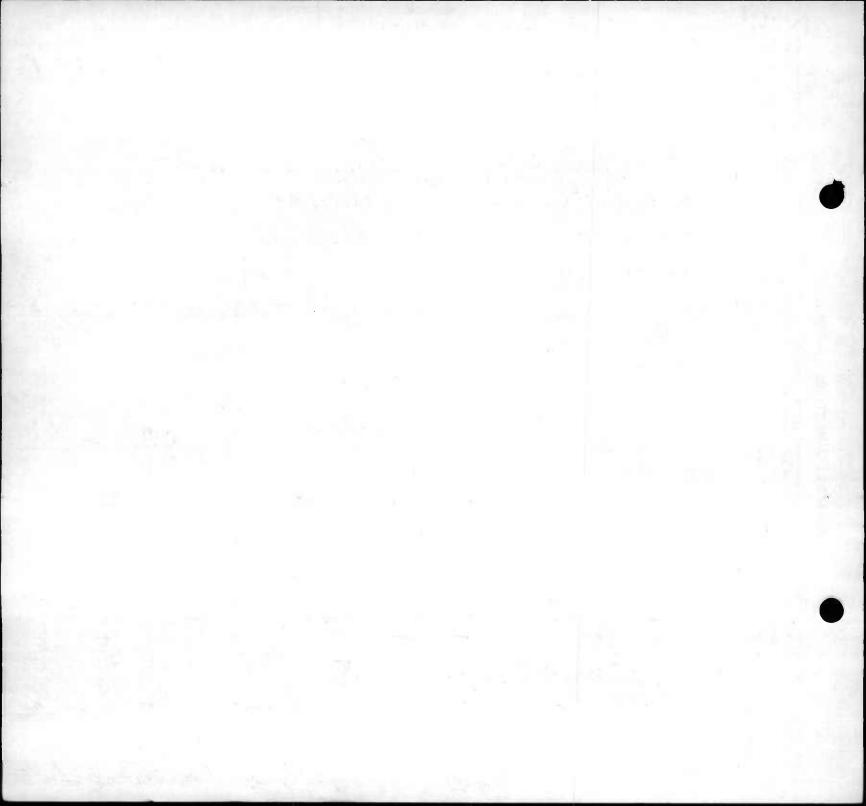
the body was released to the hospital by a medical examiner.

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 12351 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	12351
1. NAME OF DECEASED (Type or Print)		2. DATE AN	D HOUR OF DEATH	nain P
Wellie F. Speni	ner	12	2/65	2110 1 M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceased lived. If institutio	n: residence bafore admission)
FULL NAME OF (If not in haspital or institution, gr HOSPITAL OR oddress or location)	ve street	C. CITY OR TOWN CIT OUT	side city limits, write RURAL	and giva township)
0		paltimer-	C	
1105. Calhoun St.	19603	1105. Calh	outh ST=	
	DIVORCED (specify)		9. AGE (In years If U	nder 1 Yı. If Under 24 Hrs. ths Days Hours Min.
Temale White Mai	LAIRA	10/31/06	59	
10A. USUAF OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State at forei	gn country) 12.	CITIZEN OF WHAT COUNTRY?
HOUSE WOLLE Own	Home	Mary San Maiden NAM	AE .	U50.
11 11		11		
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	CANKADA.	7	ADDRESS
(Yes, na ar unkna wnl (If yes, give wor or dates of service)	SECURITY NO.	. O / / -		
NO	153-18-6706	Mrkobert.	Spencey 110-	5 Calhoun ST
18. 420,11	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	(man	and the second		
(This does not mean the made of dying, e.g.,	DUE TO	many attang o	ECCOLLECTION.	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1662	Emice		
ANTECEDENT CAUSES	(B)	roll mute		
DISEASES OR CONDITIONS, if any, giving			7002	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)	Cation		
GREETING CONDITION ISS.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Q_2	
19A. DATE OF OPERATION 19B. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN	IGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. I	PLACE OF INJURY (e.g., in , form, foctory, street, af	ar about 21C. WHERE DID	(If in Baltimare City,	give exact locations
0	INJURY OCCURRED	21F. HOW DID INJ	IBY OCCIIB?	
S OF INJURY			ORT OCCOR:	
(APPROX.) Work				
22. I certify that (I) (this haspital) attended the	Brown I dill	A	964 10 De	= 1965
that (1) (we) last saw the deceased alive an	Pec 2	19 6 5 and the	at in(my) (aur) apinian (death accurred on the date
and haur and fram the causes stated above. (1)	(We) (did) (did-not) v	iew the bady after death.		
23A. SIGNATURE		_	23 B,	DATE SIGNED
Marria X X/1	M.D. Atte	Med. Director	Stoff Phys.	12-3-65
23C. PHYSICIAN'S NAME (Typel	011/	3D. ADDRESS	1 1	0 11 1
HARRY L. KNID	P , M.D.	4/16 Edis	workson Hic	. D. 18 29 hid
24A. BURIAL CREMATION, 24B. DATE 24C.NA	ME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City, tow	rn, or countyl / (State)
REMOVAL (Specify)	1.11.1 1 h	franche B	Think W.	lund
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	F REGISTRAR	25C. FUNERAL DIRECTOR	ware, mary	ADDRESS

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	BALTIMORE CITY	Y HEALTH DEPARTMENT	10000
BIRTH NO. 12259	CERTIFICA	TE OF DEATH Registered No.	12352
I. NAME OF DECEASED	P.	2. DATE AND HOUR OF DEATH	
(Type or Print) JOSEPHIN	E SCHNEIDE	R 12/4/65	13:20 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institu	tion give sheet	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admission)
HOSPITAL OR oddress or locotion)		C. CITY OR TOWN (If outside city limits, write &	RURAL ond give fownship)
UNION MEMORIA	e Holp	D. STREET ADDRESS (If rurol, give location)	VE 2-8
5. SEX 6. RACE WID TO WID	NED, NEVER MARKIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of working life, even if retired)		NEW YORK	WHAT COUNTRY?
JOSIAL PARKER	COMPER		CAFFERY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
No	SECURITY NO.	DORIS BEASTEN	SM
18.78561	CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		11 010	70501
LEADING TO DEATH	(A)	HOUL	ET HOW
(This does not mean the made at dying, heart failure, asthenia, etc. It means the dis			101
injury or camplication which caused death.)	S	ENERG DEHLIMATIO	al 29 hours
ANTECEDENT CAUSES	(B) DUE TO	COURCE PONGIDIANTIO	12
DISEASES OR CONDITIONS, if ony, g	-	MADDUSA	77 LIDIERS
rise la lhe abave cause (A) sloling	The (C)	ornan or	72 3000.
11	•		
Z OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE		
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		7 IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medicol exominer)	21B. PLACE OF INJURY (e.g., home, larm, factory, street, cetc.)	in or about 21C. WHERE DID (If in Boltimore office bldg., NJURY OCCUR?	City, give exact location)
Q 21D, TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX.)	While At Not Whi		1
22 1 11 12 13 13 13 14 14 14 14 14 14 14 14 14 14 14 14 14		012 GPW 65 37	10 Au 12/4. 65
22. I certify that (47) (this haspital) attend	12/11	19	
that (t) (we) last saw the deceased alive	an	19 OS and that in (my) (aur) api	nian death accurred an the date
and haur and fram the causes stated aba	ve. (H) (We) (did) (did not)	view the bady after death.	
23A. SIGNATURE N V TUL	M.D. Att	tending Med. Stoff Phys.	12/4/65
23C. PHYSICIAN'S NAME (Type) ROBERT N. WH	ITLOCK M.D.	23D. ADDRESS ION MEMORIAL HOS	PITAL
24A, BURIAL CREMATION, 24B, DATE 2	C. NAME of CEMETERY OF GR	REMATORY 24D. LOCATION (Ci	ly, lown, or county) (State)
REMOVAL (Specify)	1 1 . 0 ~		
OURIA/ 25A, DATE REC'D BY HEALTH DEPT. 125B, NA	LOUDON PK.	25C. FUNERAL DIRECTOR	ADDRESS
DEC 6 1965 P. P. B. Q.	Z. D. 114 C	E.S. Whee Mable 30/7	respect Rd
VS 150-REV. 1/1/6S	HEAT WAY TO	Ba	March 18 Mg

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Body

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to the hospital by

the body was released

certificate

shows: (1) An accident

by

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h occurred in a hospital and contributing cause of death

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(4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT 65 12353 Registered No. 5 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) December 1 Brocklander 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md. (If not in hospital ar institution, give streat FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) INSTITUTION 2325 Jefferson St. Baltimore . 5 . Md. S. Bouldin St. 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Manths: Days If Under 24 Hrs. Haurs last birthday WIDOWED, DIVORCED (specify) Widowed temale 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) Retired House Work U.S.A Baltimore, Md. 13. FATHER'S NAME 4. MOTHER'S MAIDEN John Aherns Anna Ummling 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (II yos, give war or dotos of sorvice) SECURITY NO. Fred. W. Brocklander 2325 Jefferson No CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19 A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (o.g., in ar about 21C, WHERE DID homo, form, foctory, stroot, affice bldg., INJURY OCCUR? (If in Baltimore City, give exact lacotion) DEATH (notify modical examiner) etc.) MEDIC be obtained (Month) (Day) (Your) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Nat While [(APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram 11 that (1) (we) last saw the deceased alive an and that in(my) (aur) apinion death occurred on the date and hour and from the causes stated above (1) (We) (dld) (did not) view the bady after death. must 23B. DATE SIGNED 23A. SIGNATURE Sloff M.D. Attending Med. Phys. Director Phys. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type 6012 Harford Rd. reorge H.

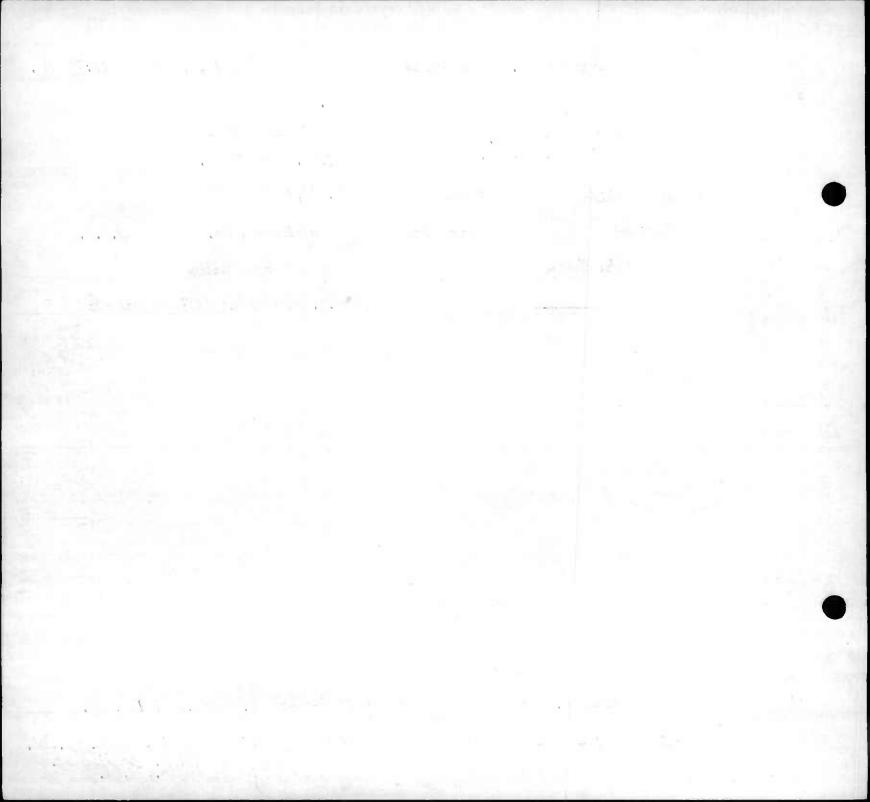
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily)

Burial	12-	-65	Sacred Heart	(emetery
A. DATE REC'D BY HEA	LTH DEPT.	258. NA	ME OF REGISTRAR	25C. FUNER

AL DIRECTOR

VS 150-REV. 1/1/65

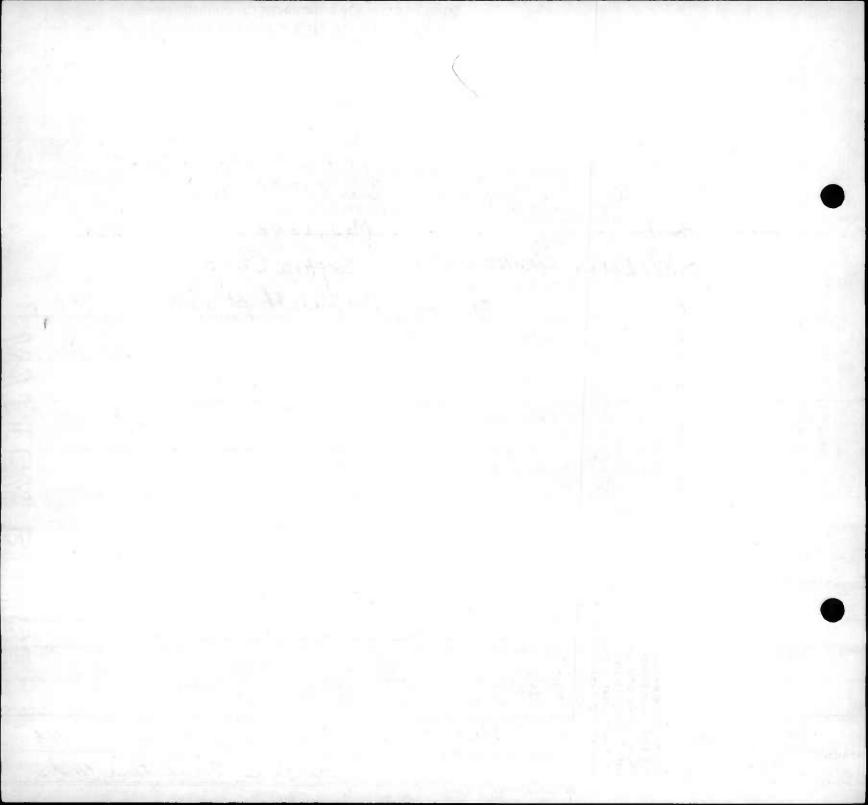
6 1965 R. D. J. E. Farly M.



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

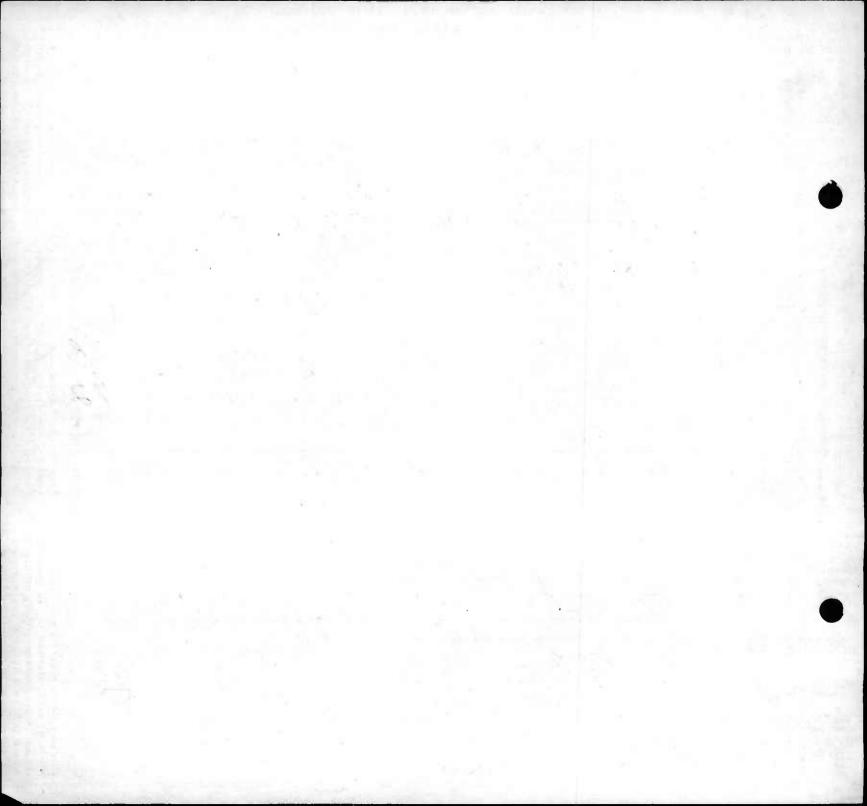
BALTIMORE	CITY	HEALTH	DEPARTMENT
PA 40 1 11 4 4 50 1 4 F	40111		Committee of the committee of

- (2 m A	BALTIMORE CITY	Y HEALTH DEPARTMENT		
BIRTH NO. 65 12354 M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 12354
1. NAME OF DECEASED	IdeR	2. DATE AND	HOUR OF DEATH	15:00 A.M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased fived. If ins	titution: residence befare admission)
FULL NAME OF (If not in hospital ar institut HOSPITAL OR INSTITUTION				URAL ond give township)
1914 1/2 E. 31 et. D	TREET	1 1/ -	rol, give lacotion)	- 1
		1914/2 E.	SIRT. WI	Reet
WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	June 7, 1885	AGE (In years	If Under 1 Yr. Manths Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind al work 10B. KIN) done during most afywarking life, even if retired)	D OF BUSINESS OR INDUSTRY		n country)	12. CITIZEN OF WHAT COUNTRY?
Huf.	4	MaryLand		U.S.a.
Shell Man Skal	nkforter	Sophia	5 LLP	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na arunknown) (If yes, give war ar dates of serv		17. INFORMANT	pt Rut	ADDRESS
16. / 2 2 1	218-32-2137 CAUSE C	OF DEATH	fer , lack	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1+	1401	1 D	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,		inschoolic Cardioverse	Now Discusse	Several Years
heoit foilule, osthenia, etc. 11 means the dise injuly at camplication which coused death,)	ose,			
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, ginise to the above cause (A) stating UNDERLYING CONDITION last.	at a second seco			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., home, larm, foctory, street, etc.)	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(II in Baltimore	City, give exact focation)
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Wark At Work		2.2	
22. I certify that (I) (this haspital) ottend	ed the deceased from	The second of th	65 to	Dedentin 19 65
that (I) (we) lost sow the deceased alive			t In (my) (our opin	fon deoth occurred on the dote
ond hour and from the causes stated above	re. (I) (We) (dld) (dld net)	view the body ofter deoth.		23B. DATE SIGNED
To Marie San	M.D. Att	tending Med. S	italf Phys.	12/2/65
23C. PHYSICIAN'S NAME (Type)	merman M.D.	3202 Harford K	d Baltim	M.l
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CE		CATION (City	y, tawn, or county) (State)
Burial 12-3-1965	Hampstead	Cemetery H	empoter	L, md.
DEC 6 1965	ME OF BOOK TRAR	Liston-Elia	Hamp	stead Md.
VS 150-REV. 1/1/65				



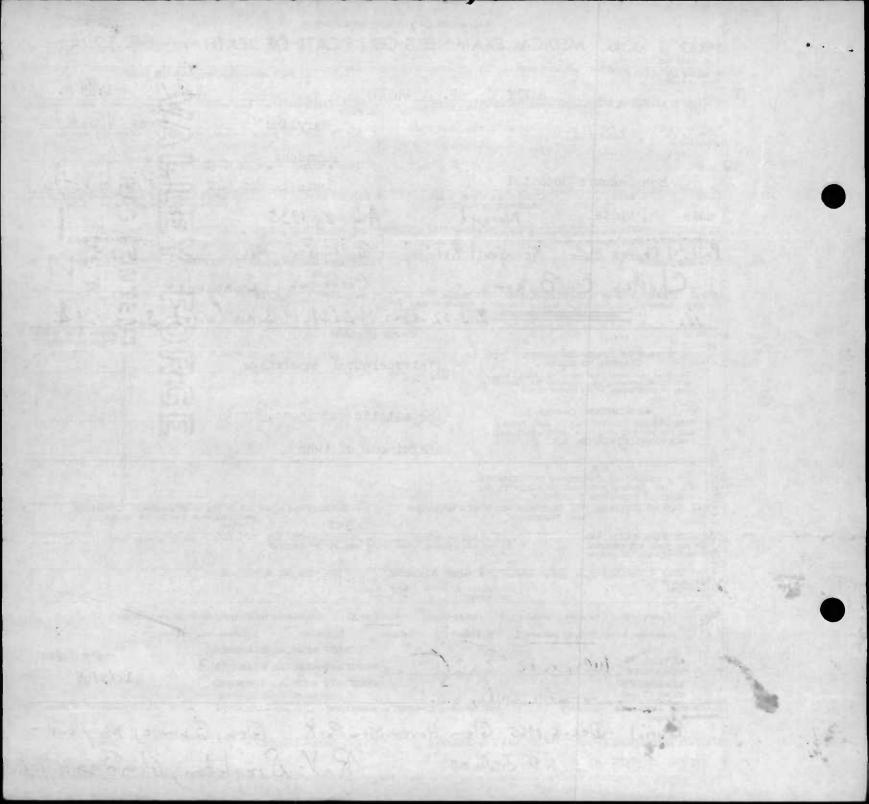
RTANT	aminer or his assistant if deoth occusminer. Also, if the direct or contrible fracture of ony kind; (4) Undetermine pronounced death was in regular attendonce on the decease
IMPO	Also, if also of on onced attendo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deoth occurthe body was released to the hospital by a medical examiner. Also, if the direct or contristows: (1) An accident of any nature; (2) Body burns; (3) A fracture of ony kind; (4) Undetermines D.O.A. at a hospital (except where the physician who pronounced death was in regular attendonce on the deceased
	ロキャッショ

F 1	65-1434505 19955 BA	ALTIMORE CITY HEALTH DEPARTMENT
200.	BIRTH NO. CI	ERTIFICATE OF DEATH Registered No. 65 19355
I and death eased n the Such	M.E. CASE NO.	2. DATE AND HOUR OF DEATH
de de S	Type or Prigo arken Calley Key	m 12/2/65 112-34 M
hospitol and ise of death (5) Deceased ance on the death. Such	3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
hosi ise (5) and ded	FULL NAME OF (If not in hospitot or institution, give street HOSPITAL OR oddress or tocotion)	
in a hoise cause; (5) attendantion to de	INSTITUTION	C. CIT'S QA 30WN (If outside city limits, write RURAL ond give township)
- 7 5	Mercy Hospital	D. STREET ADDRESS (If type), give location)
70.=	The state of the s	1631 Old Gastern Uve,
occurre ontributi ermined regulor eased pr	5. SEX 6. RACE 7. MARRIED, NEVER A WIDOWED DIVORCE SEA	
		SE OR INDUSTRY 11. SIRTHPLACE IStole or foreign Country) 12. CITIZEN OF
det in dec	done during most of working life, even if retired)	Balto Mid WHAT COUNTRY?
de to Un Un us	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
atirect or c; (4) Undet was in the decident	Wm H. Koim	Malace Ams
2020-	15. Was Deceased Ever in U. S. Armed Forces? ((fes, no or unknown) ((if yes, give wor or doles of service) SEC	IAL URITY NO. 17. INFORMANT ADDRESS
3 C C P 2 E	MA SECONDARY	Assents
8 4- CTO O LV	18. 2 9/101	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
G 0 - E 0 B	DISEASE OR CONDITION DIRECTLY	ONSELAND DEATH
Als e o afte me	LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A) allungle my more this
ar bal	heart failure, asthenia, etc. It means the disease,	(B) Jenal faifure of 48
frace of parting	ANTECEDENT CAUSES	redalifier + depydrate 7 this
A A A	DISEASES OR CONDITIONS, if ony, giving	DUETO
exe (3)	rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)
dical dical rrns; sicia was	ll ll	
Didied × E	O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	none
+E>COO	DISEASE OR CONDITION CAUSING IT.	PERATION 20A, AUTOPSY2 (Yes or No) 20R. IF YES, WERE FINDINGS CONSIDERED
H S S S	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the classification (2) B ere tles phy efore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE C	OF INJURY le.g., in or obout 21 C WHERE DID foctory, street, office bldg., INJURY OCCUR?
	DEATH Inotify medical examiner)	locity, since, office slags, march occur.
0 C = 3 D	21 D. TIME (Month) (Doy) (Yeor) [Hour) 21E. INJURY	
roved ne hos y natu xcept ind (6)	IAPPROX.)	Not White
the truy n and and obta	22. I certify that (1) (this haspital) attended the decea	ased from 11/29/ 1965 to 12/2 1965.
0 0 0	that (1) (we) last saw the deceased alive an	and that in (mg) (aur) aprision death occurred on the date
st be a ased to dent of sspital death)	and hour and fram the causes stated above. (1) We (did) (did nat) view the bady after death.
death	23A. SIGNATURE	23B. DATE SIGNED
- W F	Um & show	M.D. Allending Med. Stoff Phys.
was r An a L at c prior	23°C. PHYSICIAN'S	23D. ADDRESS
ificat was 1) An A. at d pric	WM E. OCHWART.	Z M.D. Mercy Horma
certifoody vs: (1) D.O./ assed	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	CEMETERY or CREMATORY 249. LOCATION (City, lown, or county) (State)
bodbodws: (ws: 0.0	Durial 12/3/65 Vak	Lawn Cemelly Palto, Co, Md.
This certificate m the body was reli shows: (1) An acci was D.O.A. at a b deceased prior to	DEC 6 1965 Report 258. NAME OF REGIST	
+ 0, 7 0 7	VS 150-REV. 1/1/65	John is Conselly Sont 300 man dal
		part 1

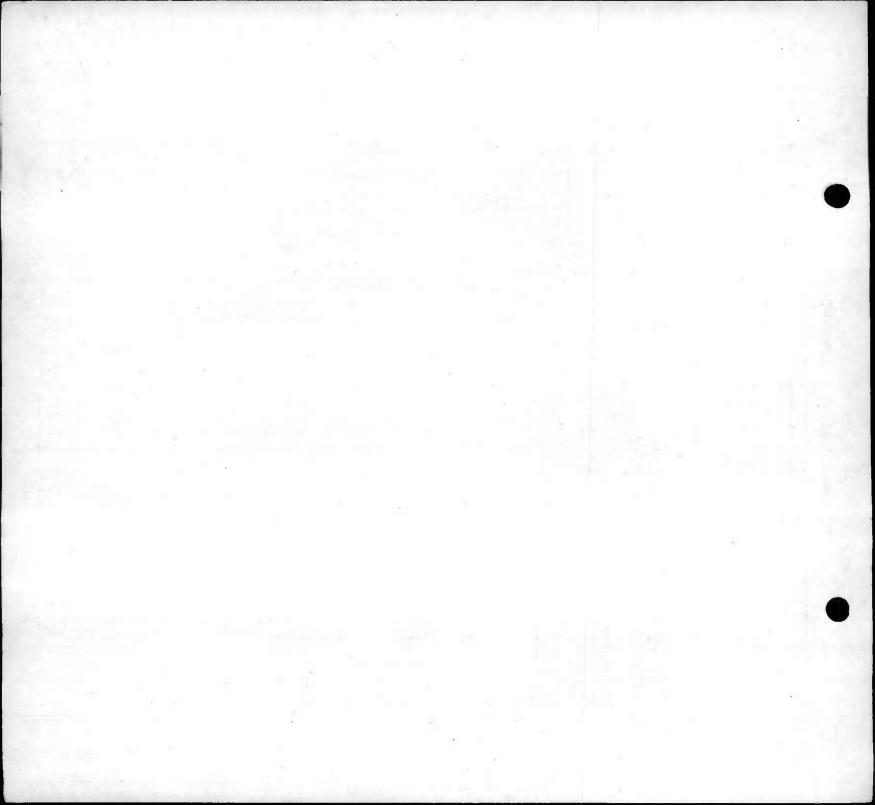


BALTIMORE CITY HEALTH DEPARTMENT

BIR	MEDICAL EXAMINE		RTIFICATE	OF DEATH Registe	red No. 12356
	E CASE NO. NAME OF DECEASED		[2, D#	TE AND HOUR PRONOUNCE	ED DEAD
(Ту	pe or Print)	BAKE		12/2/	
3. 1	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			(Where deceased lived, If insti	tution: residence before admission)
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE S SPITAL OR ADDRESS OR LOCATION)	TREET	Maryl	1	mne Arundel
4			D. STREET ADDRESS		(0)
1	Bon Secours Hospital		Route	L Box 64A (Pinehutst)
5. 5	WIDOWED, DIVORCED(spe		DATE OF BIRTH	9. AGE (In years lost birthdoy) 30	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ale white Married		Aug . 8, 19.)3	
10A dop	. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR e during most of working life, even if retired)	INDUSTRY	1. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		nery	10a timore	Md .	U.S.t.
	Clark C Blow		Catherine	0/1	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY SECURITY		7. INFORMANT	Pchroeder	ADDRESS
(re:	1/3-32	-6342	Mrs-Linda M	1. Baker (wife)	Same As#1
	118.	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE		rebral hemo:	rrhage	
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	letasta E 10	tic carcino	na, brain	
z	UNDERLYING CONDITION LAST.	Carcino	ma of lung	,	
5	II II				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CER	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	TION	yes	or No) 208, IF YES, WERE FII IN CERTIFYING CAUS	
EDICAL	21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	JURY (e.g., in y, street, offi	or obout 21C. WHERE	DID (If in Boltimore City, gi	ve exact location)
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OF	CCURRED	21F. HOW D	ID INJURY OCCUR?	20,12111111111
	(APPROX.) WHILE AT	NOT W AT WO	HILE		
	22. I certify that I held an Inquiry Inspection	Auto	psy X ond tho	t on this bosis, deoth in m	ny opinion
	resulted from: Notural causes X Accident	Suicide		Undetermined monne	
			CHIEF MEDIC	AL EXAMINER	DATE SIGNED
H	SIGNATURE Werner L. Zan	M.D.	ASSISTANT MEDIC	AL EXAMINER	
	EXAMINER'S		ASSOCIATE MEDIC		12/3/65
	NAME (Type) Werner II. Spitz. M.D. BURIAL CREMATION, 238. DATE 23C. NAME of C	EMETERY or	CREMATORY	23D. LOCATION (City,	town, or county) (State)
	Buria Dec-6,1965 Glen 1- Dec-6,1965 Blen 1- Dec-6,1	faven!	1em Park 24C. FUNERAL DI	Glen Bur	nie Maryland
	DEC 6 1965 R. O. A. E. Farling M.D.		R.V.	Singleton.	GlenBunie MI
VS	151-REV. 1/1/65	1	1 0 0		// 1



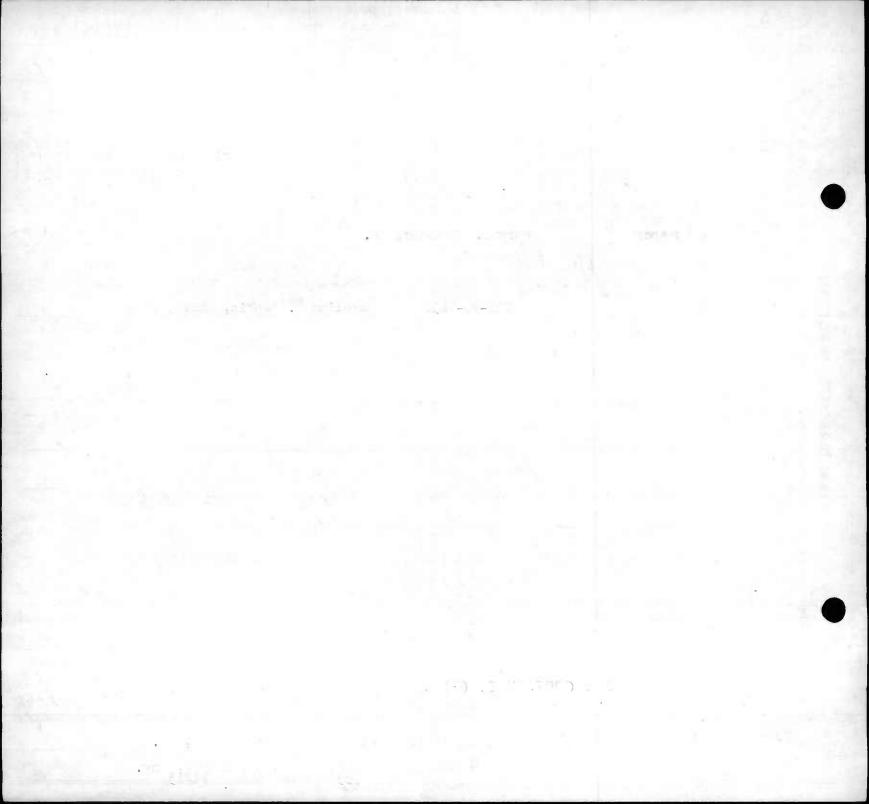
	BAL	TIMORE CITY HE	EALTH DEPARTMENT		
	TH NO. 65 12357 CE	RTIFICATI	E OF DEATH	Registered Na.	95 12357
1. N (Tyr	IAME OF DECEASED			2, 1965	11:25 P
	Grace E. Cardwell PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street		USUAL RESIDENCE (Who. STATE B. COU!		nstitution; residence before admiss
- 1	HOSPITAL OR oddress or locotion) 5727 Govane Avenue	С	CITY OR TOWN (If or	utside city limits, write	RURAL ond give lownship)
20	Baltimore, Md. 21212	D	Baltimore street Address (#5727 Govane	rurol, give locotion) Avenue	
	Female White Married	ED (specify)	ov.17, 1906	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months Doys Hours Min
don	N. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS to during most of working life, even if retired) Homemaker		Maryland		12. CITIZEN OF WHAT COUNTRY? USA
	George K. Johnson		Lula M. Ire		
5. Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown! (If yes, give war or dates of service) No.	HTY NO.	Robert D. Card	dwell,Sr. (Husband) Same
	18. / 70 X I	CAUSE OF E			INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(A) UA DUE TO (B) GER DUE TO (C) CARCIA	CMIA LEXALIZED C	GREWOMSTO. BREAST	5 DAYS 45 WEE45 5 4 VS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ERTIFIC,	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION	20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
CALC	OR CONTRIBUTING CAUSE OF home, form, for DEATH (notify medical examiner)	FINJURY (e.g., in or actory, street, office	bldg., INJURY OCCUR?	(If in Bottimor	re City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OF INJURY (APPROX.) While At Work	Not While At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (I) (this hospital) attended the decease that (I) (we) last saw the deceased alive an / 2 and haur and from the causes stated above. (I) (We) (di	-2-	19 6 5 ond t		
	23A. SIGNATURE	M.D. Attendi		Stoff Phys.	23B. DATE SIGNED
	23C.PHYSICIAN'S NAME (Type) S. J. Venable, Jr.	M.D. 23D	ADDRESS 7215 York Ros		LORE 12, MD
24	A BURIAL CREMATION, 24B. DATE 24C. NAME of CE Burial 12/6/1965 Govans Pro	metery of crem. esbyterian			ity, town, or county) (State
	DEC 6 1965 P. O. B. S. Halle OF REGISTR		Eugenia K. S	eitz 5209 Y	ork Road to. Md. 21212
VS	150-REV, 1/1/65	4	0 7 0 0		



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the condecessed prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 65 12358	CERTIFICA	TE OF DEATH Registere	d NG5 12358
M.E. CASE NO. 1. NAME OF DECEASED ACKING (Type or Print)	William	Rudde L 12/2	DEATH (0.58)
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased live	
FULL NAME OF (If not in hospital or institution oddress or location)	lution, give street	C. CITY OR TOWN Aroutside city limits,	write RURAL and give township)
of Union Men	mul forp.	D. STREET ADDRESS (If rurol, give locations)	ion) ave. Belt 1
5. SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year lost binhaday)	rs If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kind on working life (even if retired) Bookkeeper Hen	ND OF BUSINESS OR INDUSTRI ary L. Eikenberg	N/a. la	12. CITIZEN OF WHAT OUNTRY?
13. FATHERS NAME TOSEM	relie	14. MOTHER'S MAIDEN NAME	
15, Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give wor ar dates af se	16. SOCIAL SECURITY NO. 219-20-7436	Caroline M. Mackin, abo	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE	DF DEATH	Accide INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or camplication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) station.	seose,) (B) DUE TO	(C, V, A,)	11/8/65
UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED	BUTING		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
2TA. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or obout 21 C. WHERE DID (If in 8 street bldg., INJURY OCCUR?	Soltimare City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	While At Work At Work		12/1/10
22. I certify that (1) (this hospital) attention that (1) (with last saw the deceased aliverand have and from the couses stated at	e an 12/2/65		r) apipion death occurred on the dat
23A. SIGNATURE	M.D. Att	tending Med. Staff ys. Director Phys.	23B. DATE SIGNED 65
23C. PHYSICIANS DR. GODFRE	Y S. GEH M.D. 24C. NAME of CEMETERY OF CE	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			4
Burial 12/6/65 25A, DATE REC'D BY HEALTH DEPT. 25B, N DEC 6 1965 P. 2 25B, N	Holy Redeemer Ce	Schimunek Funeral Hon	ADDRESS
VS 150-REV. 1/1/65		3331 Brehms Dane 21	1213



	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 65 12359	CERTIFICA	TE OF DEATH	Registered Na.	5 12359
1, NAME OF DECEASED (Type of Print)	ther.	2. DATE AND	3/OF DEATH	1250 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE (Where	deceased lived. If inst	itution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give oddress or location) INSTITUTION	street	C. CITY OF TOWN IN OUTS	ide eity limits, write RL	JRAL and give township)
1 - 11 -A	21/2 1	y (andal	Ketows	4 66 700
Juna Gospilat	y out	D. STREET ADDRESS	7 Color	Michel for
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D	VORCED (specify	12/15/85	ost birth 79	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
16A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	INESS OR INDUSTRY	. MRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewife at A	one	Russia	U	NSA-
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	N E	
Grel Jacks		mary ?		
15. Was Deceased Ever in U. S. Armed Forces? (Yet, no or unknown) (If yes, give war or dotes of service)	SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS have
N		toseph dans	eberg - 85	19 Dem France
18.40	CAUSE O	DEATH	, 0	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	0 0 76	R.	1000
(This does not mean the mode of dying, e.g.,	DUE TO	eccet //		J 18 Clears
heall failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	1.7	55.0	1.	0
ANTECEDENT CAUSES	DUE TO 1	ansceen.	Du Un	476-
DISEASES OR CONDITIONS, if any, giving	000.10	no cular o	di en	- 1
uise la lhe abave cause (A) stating the UNDERLYING CONDITION last.	(C)	000 400 000 000 000 000 000 000 000 000		**************************************
1	1	0.0	1 1 1 2 -	
OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	myor	anderf	Insuffice	ana -
	CH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IP YES. WERE FI	NDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHI			IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY le.g., in our, foctory, street, off	or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN.	URY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.) While Work	Not While			/- /-
22. I certify that M (this hospital) attended the c	eceosed from	11/15	96) 10	1965,
that (we) last saw the deceased alive an	12/3	19 6 5 and the	it in (my) (opini	ian death accurred an the date
and haur and fram the causes stated above.	(e) (dld) (d ld (16)) vi	ew the body after death.		
23A. SIGNATURE		dies — Med — I		23B, DATE SIGNED
13.18. Chypma	Phys	. Director	Stoff Phy s.	12/3/5
PAME (Type) BR CL	lua M.D.	3D. ADDRESS	Hosp	ital
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME	of CEMETERY OF CRE	MATORY 24D./LO	CATION (City	, town, or county) (State)
BREMOVAL ISpecify) Der 5/45	rolle 30	00 6	nothing or	o. Ml.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF R	EGISTHAR O	25% FUNERAL DIRECTOR	She .	ADDRESS
DEC 6 1965 A 0 4 9 7 0	11 C 3	of Leunson 18	100 -6010	Rest Road
VS 150-DEV 1/1/45	WITH THE T			1

mes 20/21/1 3 mm 570 23

	BALTIMORE CIT	Y HEALTH DEPARTMENT				
65 123	60 CERTIFICA	ATE OF DEATH Registered No.	65 12360			
inkow	ANNA	2. DATE AND HOUR OF DEATH	1340 AM.			
(If not in hospital or instilution, give street address ar lacation)		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) BACTOMORE				
INFINIT		D. STREET ADDRESS (If rural, give location) 2901 Sprenchell	AUE			
Caulc	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 18 90	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
N (Give kind of work life, even if retired) FE	AT HOME	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
UNKNOWN		14. MOTHERS MAIDEN NAME UNKNOWN				
n U. S. Armed Fore s, give wor or dote:		17. INFORMANT HOSPITAL RECORDS	ADDRESS			
CONDITION DIR	RECTLY	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH			

5. 9	SEX C	6. RACE	7. MARRIED, NEVER WIDOWED, DIVO	RCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
don	e during most of	UPATION (Give kind of worl working life, even if retired) SEWIFE		SS OR INDUSTRY	11. BIRTHPLACE (Stote o	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	- UNKNOWN			14. MOTHER'S MAIDEN		
		Ever in U. S. Armed For Il (If yes, give wor or dote		CIAL CURITY NO.	17. INFORMANT HOSPITAL RE	ECORDS	ADDRESS
	(This does reheart foilure, injury or com	SE OR CONDITION DISTURBING TO DEATH LEADING TO DEATH not meen the mode of osthenio, etc. It meens application which coused ANTECEDENT CAUSES OR CONDITIONS, if e obove couse (A) G CONDITION lost.	dying, e.g., the disease, death.)	(B) hype	enebro rase	ula event não d'enstir	
ATION	OTHER SIGNI TO THE D DISEASE OR	11 FICANT CONDITIONS CEATH BUT NOT RELACED TO CONDITION CAUSING	ATED TO THE				
AL CERTIFIC	21A. ACCIDE OR CONTRIBU	OPERATION 198. CON WAS PER NT WAS UNDERLYING DIING CAUSE OF medical examined	FORMED 21B. PLACE	OF INJURY (e.g., i	n ar about 21C. WHERE D	OID (If in Baltima	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
MEDIC	21 D. TIME OF INJURY (APPROX) 22. I certify	(Manth) (Day) (Year) that (1) (this hospital	While At Work	Nat While At Wark	е	19 (0 to)	1965
	and hour one	from the couses sto			19 () or		oinlon death accurred on the do
	Day	nee Dan	y Bar	M.D. Att	ending Med. S. Director	Stoff Phys.	23 B. DATE SIGNED 12 - 2 - 6 5

23D. ADDRESS

SFARD

Hosp of

BALTIMORE, MARYLAND

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

(City, tawn, at county)

(State)

24D. LOCATION

BASS

24C. NAME of CEMETERY OF CREMATOR

ISRAEL ANSHE

DAVID

258 NAME OF REGISTRAN

AMINKOW

3. PLACE OF DEATH IN BALTIMORE, MARYLA

MOBL

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

23 C. PHYSICIAN'S NAME (Type)

VS 150-REV. 1/1/65

DAIVIR

12/5/65

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 12/5/

DEC 6 1955 (2.0)

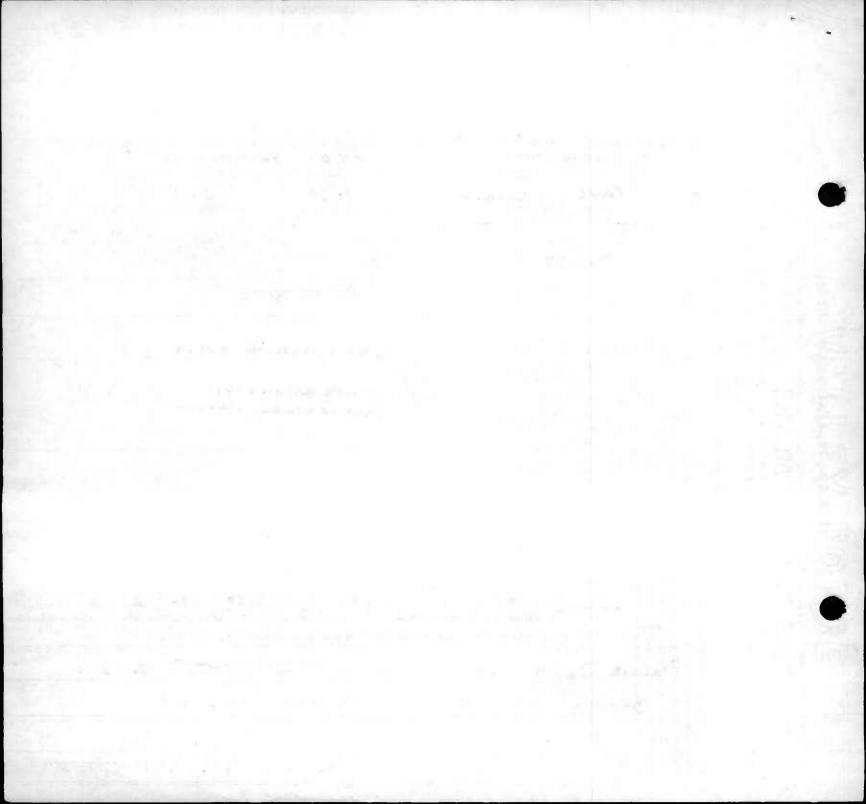
Such

to death.

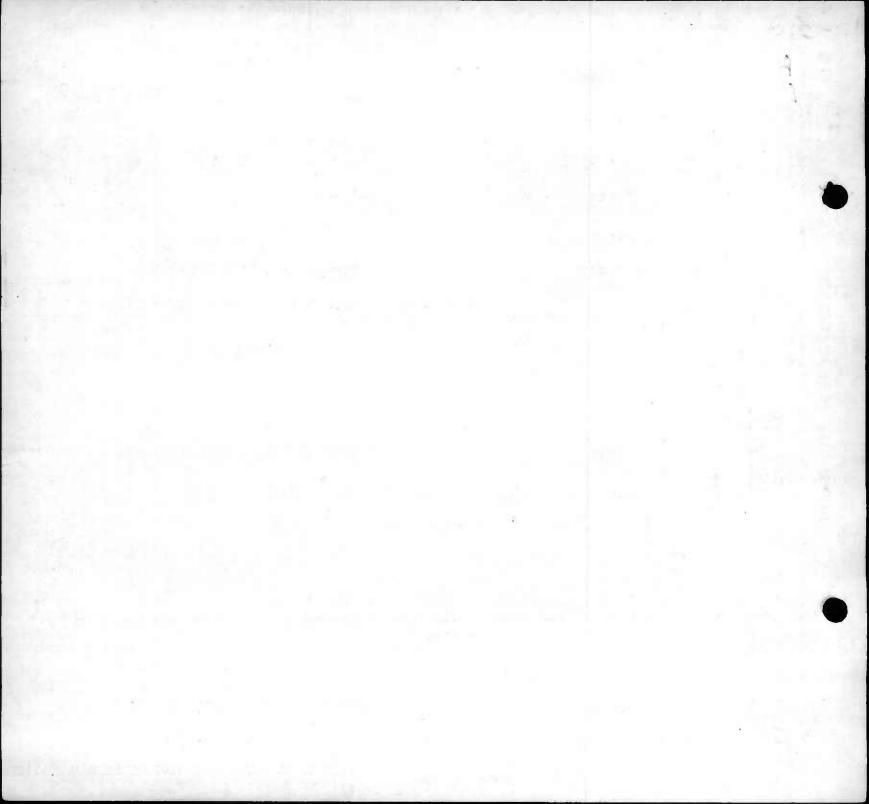
prior

attendance on the

of death



BIRTH NO.	()()	61		TE OF DEATH	Registered No.	65 12361
M.E. CASE NO.	FASTD	1111	CERTIFICA		D HOUR OF DEATH	OU INOUI
Type or Print)	Joseph Medy		S.r.	12-	-3-65	4:00a,
PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When		institution: residence before admission
FULL NAME O	F (If not in hospital oddress or location		give street		w Jersey	, Morris County RURAL ond give township)
INSTITUTION				Marcella		V-27
5					rurol, give location)	
The Jo	hns Hopkins	Hosp:	ital	Upper Hibern	nia Road	
Male	6. RACE White	7. MARRIED, WIDOWEL Marr	NEVER MARRIED D, DIVORCED (specify)		9. AGE (In years lost birthdoy) 73	If Under 1 Yr. II Under 24 Hrs Months Days Hours Min.
				11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
Retail M				14. MOTHER'S MAIDEN NAM	AF	
Frank M	-			KSTEXNANDESK.	Mary Kleno	
S. Was Deceosed Yes, no or unknown	Ever in U. S. Anned For (If yes, give wor or dote	ces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS Marce
No			154-26-4754	Mrs. Susan Me	dvecky, Up	per Hibernia Rd.
18. / 7	7 X I	17.75	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA:	E OR CONDITION DIR	RECTLY	1.1.1	0 0-1	4	ONSET AND DEATH
471.	LEADING TO DEATH		(A) WY	espread nelast	ille Ca of	Sylar
	at meen the mode of asthenia, etc. II means		DUE TO		V	0
injury or com	aplication which caused	death)	1//			
		dealii.	F	costact		
	ANTECEDENT CAUSES		(B)	Costor	a ba soo a Poos a soo a ba aga - soo abba	
DISEASES C	OR CONDITIONS, if	any, giving	(B)	Costact		
DISEASES C	OR CONDITIONS, if above cause (A)	any, giving	DUE TO	COSCIDE		
DISEASES C	OR CONDITIONS, if	any, giving	DUE TO	- Costast		
DISEASES OF THE SIGNING TO THE DISEASES	DR CONDITIONS, if a above cause (A) G CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA	any, giving slating the	(C)			
DISEASES OF THE SIGNING TO THE DISEASE OR DI	DR CONDITIONS, if a above cause (A) CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELACED CONDITION CAUSING I	any, giving stating the CONTRIBUTION TO THE TO THE TO THE TOTHE TO	(C)	20 A. AUTOPSY? (Ye) or No	208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OF THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF	OR CONDITIONS, if a above cause (A) G CONDITION last. II FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION [198, CON	any, giving slating the CONTRIBUTION ATED TO THAT. IDITION FOR VIOLENT CONTRIBUTION FOR VIOLENT	OUE TO (C) G R WHICH OPERATION PLACE OF INJURY (e.g., iree, of lorm, foctory, street, of lord, street, st		IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OF THE SIGNATE OF THE DISEASE OR TO THE DISEASE OR CONTRIBLE OR C	OR CONDITIONS, if a above cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving slating the CONTRIBUTION ATED TO THIT. IDITION FOR NED 218. hometc.	OUE TO (C) G R WHICH OPERATION PLACE OF INJURY (e.g., iree, of lorm, foctory, street, of lord, street, st	20A. AUTOPS (21%) or No. YES	(If in Boltimo	AUSES OF DEATH?
DISEASES OF THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF	DR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CONWAS PERION WAS UNDERLYING THE CONDITION CAUSE OF medicol exominer)	any, giving stating the CONTRIBUTION ATED TO THIT. IDITION FOR VECTOR (Hour) 21E.	DUE TO (C) G BE WHICH OPERATION PLACE OF INJURY (e.g., in the, form, foctory, street, of the other parts of the other part	20 A. AUTOPS ? (Yes) or No YES nor obout 21 C. WHERE DID fice bidg., NJURY OCCUR?	(If in Boltimo	AUSES OF DEATH?
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DISEASES OF THE SIGNITO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DEATH (notify APPROX.) 22. I certify	OR CONDITIONS, if a above cause (A) G CONDITION last. II IFICANT CONDITIONS CREATH BUT NOT RELACONDITION CAUSING I OPERATION 19B. CONWAS PERION WAS PERION (Month) (Doy) (Year) That (I) (this hospital)	any, giving slating the CONTRIBUTION FOR VITE TO THE CONTRIBUTION FOR VITE CONTRIBUTION	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., iree, of of other of other of other other) INJURY OCCURRED ile At	20A. AUTOPS (1/4) or No. YES 1 or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimo	auses of DEATH? The City, give exact location)
DISEASES OF THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OF THE DISEASE	OR CONDITIONS, if a above cause (A) a above cause (A) GONDITION last. INTERPOLATION LAST. INTERPOLATION CAUSING 1 OPERATION 19B. CON WAS PERION WAS PERION (Month) (Day) (Year) That (1) (this hospital last saw the decease	any, giving stating the CONTRIBUTION ATED TO THE CONTRIBUTION FOR WE CONTRIBUTION FOR	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., ir e.g., lorm, foctory, street, ol of the control of t	20 A. AUTOPSY? (Yes) or No YES Tor obout 21 C. WHERE DID fice bidg., 21 F. HOW DID INJURY 21 F. HOW DID INJURY 19 65 and the	(If in Boltimo	auses of DEATH? The City, give exact location)
DISEASES OF TISE TO THE DISEASE OF TO THE DEATH (notify CAPPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	OR CONDITIONS, if a above cause (A) a above cause (A) GONDITION last. IFICANT CONDITIONS CAUSING ON AUSING ON WAS PERION PS. IFICANT CONDITIONS CAUSING ON WAS PERION PS. IFICANT CONDITIONS CAUSING ON WAS PERION (A) TO CAUSING ON WAS PERION (Month) (Day) (Year) IT WAS UNDERLYING ON WAS PERION (Month) (Day) (Year) Ithat (1) (this hospital last saw the decease of the causes stated of the causes stated on the cause of the cause	any, giving stating the CONTRIBUTION ATED TO THE CONTRIBUTION FOR WE CONTRIBUTION FOR	DUE TO (C) G E WHICH OPERATION PLACE OF INJURY (e.g., ir e.g., lorm, foctory, street, ol of the company of t	20A. AUTOPS (1/4) or No. YES 1 or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	(If in Boltimo	AUSES OF DEATH? THE City, give exact location) 12 - 3 19 65 Sinian death occurred an the day
DISEASES OF THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OF THE DISEASE	OR CONDITIONS, if a above cause (A) a above cause (A) GONDITION last. IFICANT CONDITIONS CAUSING ON AUSING ON WAS PERION PS. IFICANT CONDITIONS CAUSING ON WAS PERION PS. IFICANT CONDITIONS CAUSING ON WAS PERION (A) TO CAUSING ON WAS PERION (Month) (Day) (Year) IT WAS UNDERLYING ON WAS PERION (Month) (Day) (Year) Ithat (1) (this hospital last saw the decease of the causes stated of the causes stated on the cause of the cause	any, giving stating the CONTRIBUTION ATED TO THE CONTRIBUTION FOR WE CONTRIBUTION FOR	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., in e., form, foctory, street, of the foctory) INJURY OCCURRED ite At Not Whith At Work he deceased from	20A. AUTOPS (? (Ye) or No YES n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boltimo	auses of DEATH? The City, give exact locotion)
DISEASES OF TISE TO THE DISEASE OF THE	OR CONDITIONS, if a above cause (A) a above cause (A) G CONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the CONTRIBUTION ATED TO THE CONTRIBUTION FOR WE CONTRIBUTION FOR	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of the company of the com	20A. AUTOPS (? (Ye) or No YES n or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	IN CERTIFYING C. (If in Boltimo	auses of DEATH? The City, give exact locotion) 12 - 3 19 67 Sinian death occurred an the docurred and the
DISEASES OF THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR TO THE DISEASE OR CONTRIBLE DEATH (notify (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	OR CONDITIONS, if a above cause (A) a above cause (A) G CONDITION last. IFICANT CONDITIONS CAUSING OPERATION 1988. CONDITION CAUSING OPERATION (A) 1989. CONDITION (A) 1989. CONDITION (B) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	any, giving slating the CONTRIBUTION ATED TO THE TOTAL TO THE TOTAL TO	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of the company of the com	20 A. AUTOPSY? (Yes) or No YES nor obout 21 C. WHERE DID fice bidg., INJURY OCCUR? 21 F. HOW DID INJURY 19	IN CERTIFYING C. (If in Boltima URY OCCUR? 19 55 ta	auses of DEATH? The City, give exact locotion) 12-3 19-65 Dinian death occurred an the docurred at the doc
DISEASES OF ITSEASE OF	OR CONDITIONS, if a above cause (A) a above cause (A) GONDITION last. II IFICANT CONDITIONS CARTH BUT NOT RELATED TO BUT NOT	any, giving slating the CONTRIBUTION FOR VITE TO THAT. 218. hometa. (Hour) 21E. Wh. Wo. which was a standard the dalive an	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., ir e.g., lorm, foctory, street, ol of the company of th	20A. AUTOPS (TVE) or No YES Tor obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY 19 65 and the fiew the body after deoth. Anding Med. 5. Director 23D. ADDRESS The Johns Ho	URY OCCUR? 19 5 ta_ at in(my) (aur) ap Stoff Phys. A Dpkins Ho	auses of DEATH? The City, give exact location) 12-3 19-67 Dinian death occurred an the death occurred and the
DISEASES OF TISE TO THE DISEASE OR TO THE DISEAS	OR CONDITIONS, if a above cause (A) a above cause (A) GONDITION last. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	any, giving stating the CONTRIBUTION FOR A TO THE CONTRIBUTION FOR A T	DUE TO (C) GE WHICH OPERATION PLACE OF INJURY (e.g., ir e.g., lorm, foctory, street, old) INJURY OCCURRED ile At	20A. AUTOPS (Yes) or No YES or obout 21C. WHERE DID fice bidg., INJURY OCCUR? 21F. HOW DID INJURY On the bidge of the body after death. 19	URY OCCUR? 19 5 ta_ at in(my) (aur) ap Stoff Phys. A Dpkins Ho	auses of DEATH? The City, give exact location) 12-3 19-65 Spinian death occurred an the document of the death occurred and the death occurred on the death occurred occurred on the death occurred on the death occurred on the death occurred on the death occurred occurred on the death occurred



		HEALTH DEPARTMENT		3 1 3 4 70 70 4 4
BIRTH NO. M.E. CASE NO. 65 1236	2 CERTIFICA	TE OF DEATH	Registered No.	io iconc
1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	2
MAKKEN J	OUES		29/65	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wifere	deceosed lived. If in	nstitution: residence before odmission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN III outs		RURAL ond give township)
UNIVERSIT	· W	HONEYT	OWN	54/-00
HOSPIT			urol, give lacation)	
		130X 97		
	OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IDA, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Store or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	FARMER	MORTLE	DUM	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	NE.	
SOMUEL JOI		JANNIE	JONE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	219-48-3430	mary Jon	nes Hi	unlingtown my.
DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(1) 8	CUTE M	T	5 MIN
(This does not meon the made of dying, heart foilure, ostheria, etc. It means the dis		······································		
injury ar camplication which coused death.)	0	II HONDO	57.400	× 2
ANTECEDENT CAUSES	(B)TO	02110006	ELABOR	33 LOPER
DISEASES OR CONDITIONS, if ony,		UD (0)		500000
rise to the above couse (A) stating UNDERLYING CONDITION lost.	The (C)		^~************************************	3
OTHER SIGNIFICANT CONDITIONS CONTRIB	O THE			
DISEASE OR CONDITION CAUSING IT.	001		200 10 400 1440	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21°C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor	e City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?	
S (APPROX.)	While At Not While			
	Work At Work			
22. I certify that (I) (thrs to prod.) atten	10 00			00129 1965,
that (1) (we) last sow the deceased olive		19 <u>6 5</u> and tha	t in (my) (our) opi	inian death accurred on the date
and hour and from the causes stated abo	ve. (I) (**********************************	iew the body after death.		
23A. SIGNATURE		- E		23B, DATE SIGNED
L.D. Dre	Phys	Director F	Phy s.	11/25/45
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
G. T. STON	JE M.D.	4202 Gr	conus	1 (Sec) 40. 18
24A BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (State)
12-5-65	Patrixent M	inch com.	alwest Pr	ml.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	account co	ADDRESS
DEC 6 1965 P.O. 8- 2	For Bung	. Linkray	E. Sewell-	Trince Frederich Ma
VS 150-REV. 1/1/65		- U		1

713 JUST 48-3136 Yearry James Haw Inglinening 12-5-16 June Church Cam. Cale of Co. Mich.

VS 150-REV. 1/1/6S

	BALTIA	AORE CITY HEALTH DE	PARTMENT	
	BIRTH NO. 65 12003 CER	TIFICATE OF	DEATH Registered N	65 12363
	M.E. CASE NO.		2. DATE AND HOUR OF DEA	
	(Type or Print) LIAM GODDON POH.	IER	1)/	1151 9.45 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL R	ESIDENCE (Where deceased lived.	Vinstitutian: residence before odmission)
		A. STATE	B. COUNTY	24-AU
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR	TOWN (If outside city limits, wr	ite KURAL and give township)
-	WINION MEMORIAL HO	56. BA	LTIMORE	
7	TO THE AMENINE	D. STREET A		
	CERTIFICATE AMENDE	17 65 150	2 HENRY ST.	
ad	S. SEK 6. RACE 7. MARRIED, NEVER MARI	B. DATE OF		If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
ma	M & White MARRIED	1/2	2/07 58	7,000
1 15	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OF	INDUSTRY 11. BIRTHPLA	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
0	done during most of working life, even if relired) AUDITED SCHLBERG	Truc Ru	17:11.00=	U.5 A
Sit	13. FATHERS NAME	14. MOTHER	CTIMEORE	034
isposition		.0	500000	2)
d is	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMA	PHIAZAKOU	ADDRESS
8	(Yes, no or unknown) (If yes, give wor or dotes of service)	NO.		
fin	2 .		liz. M. Pohler	1507 Henry St.
0	18. 6 7 8	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1000	GT has	
E	(This does not mean the made of dying, e.g.,	A) CUY	G. L. Vernor	My C
pa	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	11 11	11/	, 9
еш	ANTECEDENT CAUSES	3) last y	my weens	·
	DISEASES OR CONDITIONS, if any, giving	OUE TO	01	1
are	rise to the above cause (A) stating the	c)	Color	XIM
remains	UNDERLYING CONDITION last.			
ma	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			77.19
10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
9	DISEASE OR CONDITION CAUSING IT.	TION 20A. AUT	OPSY? Wes or No! 20B. IF YES, WI	ERE FINDINGS CONSIDERED
+	WAS PERFORMED HOLD TICAN	FURYSN	TE IN CERTIFYING	CAUSES OF SEATH
before the	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	IJURY (e.g., in or obout 21 C	WHERE DID (If in Bolti	more City, give exact location)
90	DEATH (notify medical examiner)	y, sireet, office bidgs, 1143	ONI OCCON:	
	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC	CURRED 21F.	HOW DID INJURY OCCUR?	
ained	S OF INJURY (APPROX.) While At	Not While At Work		
bta	Work	47	19 65 10	12/2 1965
0	22. I certify that (I) (this hospital) attended the deceased	/ /		
pe	that (I) (we) last sow the deceased alive on			opinian death accurred on the date
151	and hour and fram the causes stoted above. (I) (We) (did)	(did nat) view the bod	y after death.	OND DATE SIGNED
must	23A. SIGNATURE	M.D. Attending	Med. Stoff	23B. DATE SIGNED
	Con My	Phys.	Director Phys.	12/2/65
0	NAME (Type VICTOR M. RODRIGUEZ	23D. ADDRESS		LTAR
approval		M.D. UN 1 0	N MEMORIAL HOSP	ITAL
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEME REMOVAL (Specify)	TERY OF CREMATORY	24D. LOCATION	(City, town, or county) (State)
len	Burial 12 6 1965 Oak	lawn	Balto.	Md.
writt	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUN	IERAL DIRECTOR	ADDRESS
3	DEC 6 1965 P. D. A. P. Fording		Mc Cully Funeral	Home 130 E. Fort "v

Letter from Union Memorial Hospital 12-17-65 M.H.

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Undetermined cause; (5) Deceased contributing death 10 direct (4) IMPORTANT assistant kind; the any or his Also, of chure examiner DIRECTOR: examiner. fra 3 the chief medical medical burns; FUNERAL dy 0 80 by 3 to the hospital nature; 6 approved

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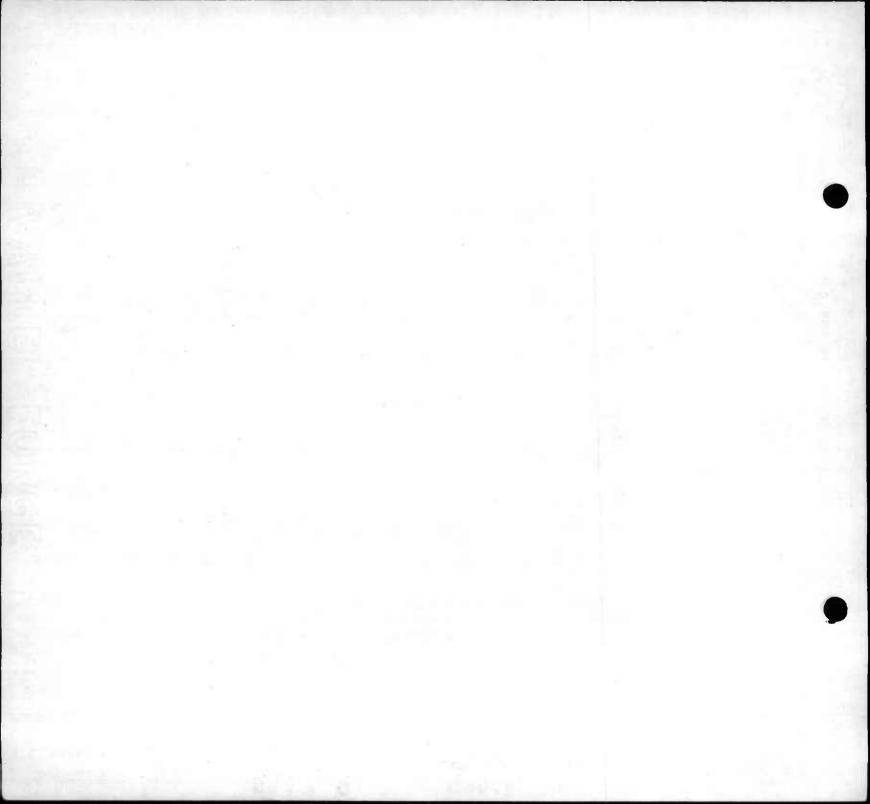
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hospital

0 <u>.</u>

occurred

BALTIMORE CITY HEALTH DEPARTMENT 65 12361 RTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED, 2. DATE AND HOUR OF DEATH (Type or Print) 12-3-0 6 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution rosidonco before admission)
A. STATE B. B. COUNTY A. STATE Ma (If not in hospital or instilution, give street FULL NAME OF HOSPITAL OR oddross or location) (If outside city limits, writer RURAL and give township INSTITUTION D. STREET ADDRESS (If rural, give location) 0 0 If Under 1 Yr. 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 His. Months! Doys WIDOWED, DIVORCED (specify) lost birthdoy Hours 90 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) arpente 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10 20 4 17. INFORMANT 15, Was Deceased Ever in U. S. Armed Forcas 6. SOCIAL ADDRESS (Yes, no or unknown) (If yos, give wor or dotes of service) SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN 18. 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, ostheria, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obove couse (A) sloting the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? DEATH (notify modical examinar MEDIC 210. TIME (Month) (Doy) (Your) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this haspital) attended the deceased fram 1965 that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death occurred on the date and hour and fram the causes stated above, (1) (We) (did) (did not) view the body ofter deoth, 23A. SIGNATURE 23 B. DATE SIGNED Attending M.D. Med. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Typo) 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) REMOVAL (Specify) 12-6-6 Redeemer 25C. FUNERAL DIRECTOR

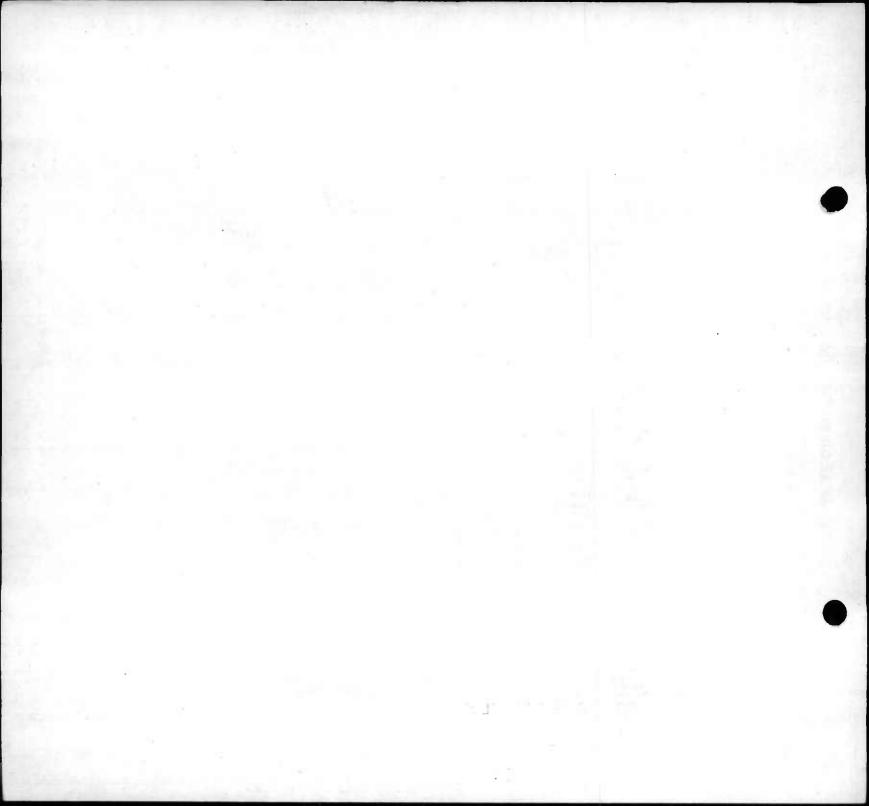


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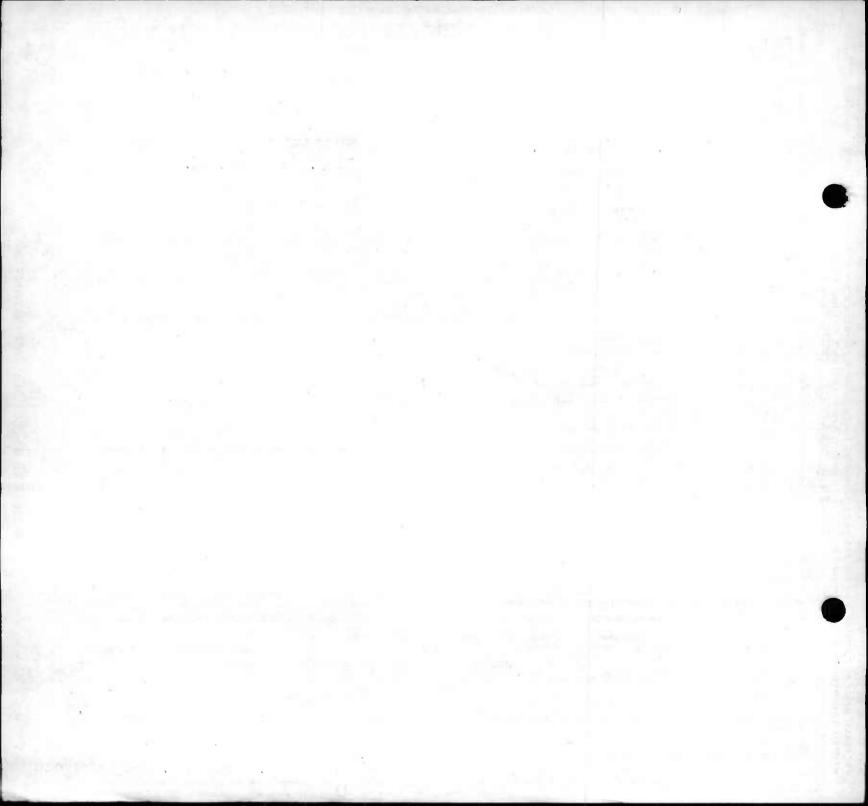
VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No.5 CERTIFICATE OF DEATH BIRTH NO. rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such and M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) a hospital death. 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) TOWN OR (If outside city limits, write RURAL attend INSTITUTION 0 prior D. STREET ADDRESS (If rural, give location) made. regular If Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX MARKIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE deceased Hours WIDQWED, DIVORCED (specify) lost birthday widowe disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLAC 12, CITIZEN OF WHAT COUNTRY? death 2 done during most of working lite, even if retired) SD 13. FATHER'S NAME 14. MOTHER'S the direct 3 assistant if On death 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance no ottage any CAUSE OF DEATH pronounced 18. INTERVAL BETWEEN OL ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. It means the disease, examiner regular examiner. injuly of camplication which caused death,) E ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving 3 rise to the obove cause (A) stating the (C) 2 physician UNDERLYING CONDITION last. the remains chief medical Was medical (2) Body burns; ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 19A. DATE OF OPERATION 0 WAS PERFORMED by before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) the Ü (except where the body was released to the hospital °Z etc.) DEATH (notify medical examined shows: (1) An accident of any nature; MEDIC obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY While At Not While (APPROX.) and Wark At Work 22. I certify that (1) (this hospital) attended the deceased from death); that:(1) (we) last saw the deceased alive an and that in (my) (our) opinion death accurred an the dote pe hospital and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after deoth. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director M.D. 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior at M.D DR. ROBERT OCK D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D, LOCATION REMOVAL (Specify) decease SD 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR

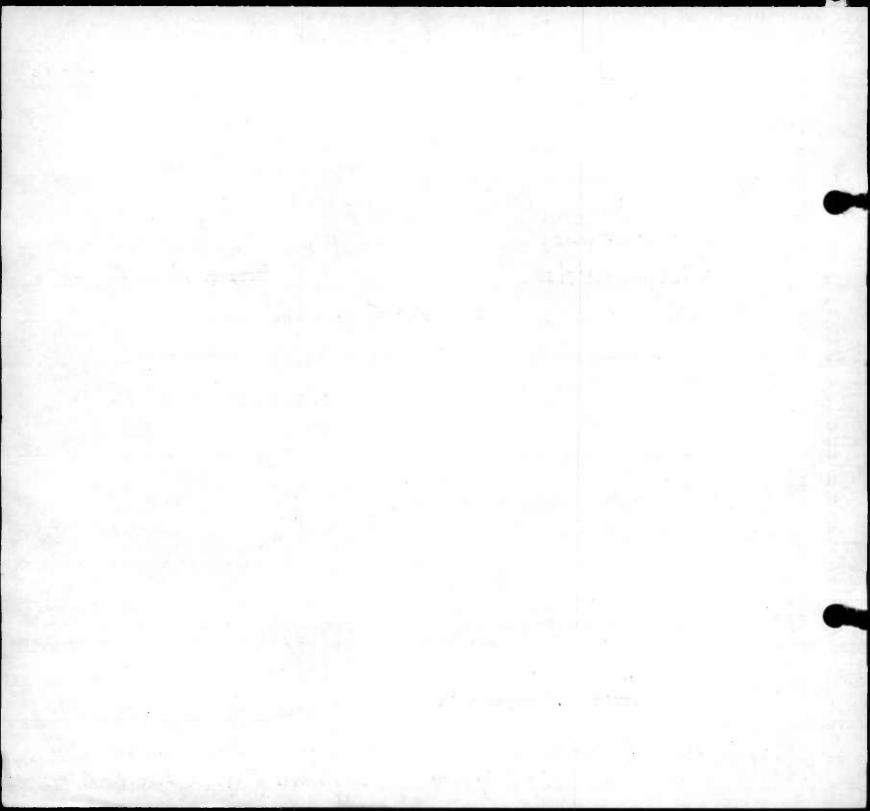
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VS 150-REV. 1/1/65



		BALTIMORE CIT	Y HEALTH DEPARTMENT		
	TH NO. 65 12367	CERTIFICA	TE OF DEATH Registered No.5	12367	
1. N	E CASE NO. AME OF DECEASED De or Print) R	,	2. DATE AND HOUR OF DEATH		
	PLACE OF DEATH IN BALTIMORE MARYLAND	REITER	14. USUAL RESIDENCE (Where deceased lived, If inst	16) AM.	
			A. STATE B. COUNTY	12.0x	
1	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) NSTITUTION	tion, give street	C. CITY OR TOWN (If outside city limits, write RU	JRAL ond give township)	
0	INTÉBELLO STATE	HOSRITAL	BALTIMORE	63-00	
117	IN TEDELLO		D. STREET ADDRESS (If rurol, give location)	4	
5. :		RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.	
	F W W	NOWED, DIVORCED (specify)	1-25-87 lost birthdoy)	Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 10 B. KINe during most of working life, eyen if retired)	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
17	OUSE NONE WHE		IND.	U.S.A.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	. A/ /	
2.5	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	NA NO AN	
(Ye	s, no or unknown) (If yes, give wor or dotes of ser	SECURITY NO.		ADDRESS	
_	118, 8 2 1	CAUSE C	ACIPITAL RECURD	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	10	11	ONSET AND DEATH	
-	LEADING TO DEATH (This does not mean the mode of dying,	(A)	REBRAL HEMORRHAGE	2 mas.	
	heart failure, asthenia, etc. It means the dis injury or camplication which caused death.)	ease,		· · · · ·	
	ANTECEDENT CAUSES		(B) HTPERTENSION		
	DISEASES OR CONDITIONS, if any,	DUE TO inving			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
_	11				
TION	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE ARTO	RIOSCLER OSIS		
ERTIFICATION		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FILL	NDINGS CONSIDERED	
CERT	21A. ACCIDENT WAS UNDERLYING		900	City, give exact location)	
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, factory, street, etc.)	office bidg., INJURY OCCUR?	eny, give exact localion	
DIC		21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
Z	(APPROX.)	While At Work Not Wh			
	22. I certify that (I) (this hospital) atten		10-8 1965 10	12-3 1965	
	that (1) (we) lost saw the deceased alive	on 12-3	19 6 ond that in (my) (our) opini	ion death occurred on the date	
	and hour and fram the couses stated obo	ve. (+) (We) (did) (did nat)			
	23A. SIGNATURE	en stor M.D. AL	ttending Med. Staff	23B. DATE SIGNED	
	23C. PHYSICIAN'S	Ph Ph	ys. Director Phys. 23D. ADDRESS	12-3-65	
		perstein M.D	M -535	BAITO - MD	
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City	, lown, or county) (Stote)	
	BURIAL 12/6/65	BALTIMORE C	EMETERY BALTIN	DRE, Md.	
25/		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS	
1	DEC 6 1965 (0) A	of the Brown	LEONARD J. KUCK L	NC. BAITO. 14, M	
A.2	150-REV. 1/1/65	e 1 12 14 1) [] [] []		



BALTIMORE CITY HEALTH DEPARTMENT 65 12368 Registered No BIRTH NO. TIFICATE OF DEATH of death Deceased the Such hospital and M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) uo. ESS 3. PLACE OF DEATH IN death. BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived. If institution; residence ance B. COUNT A. STATE contributing cause etermined cause; (5) C. CITY OR TOWN (If out (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) (4) Undetermined cause; attend 10 GUTH GRAN F. MARCILAND prior rutal, give location BALTIMORE occurred DaugT regular mad 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys deceased WIDQWED, DIVORCED (specify) lost birthdoy MARRIED disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY ACE (Stoto or foreign country 12. CITIZEN OF WHAT COUNTRY? death = done during most of working life, even if retired) OWNED BALTGINGRE RETIRED Was the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME direct assistant if Unkkown death On 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 1 6. SOCIAL 511-E 38 H final (Yas, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 110 any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This daes not meon the made of dying, e.g., heart lailure, osthenia, etc. It means the disease, regular examiner examiner. injury or camplication which caused death.) (B) ANTECEDENT CAUSES who DUE TO GIB 4 DISEASES OR CONDITIONS, il any, (e) to the above cause (A) stating the = physician remains UNDERLYING CONDITION Iosi, the chief medical Was medical (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED ore by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) (except where the body was released to the hospital shows: (1) An accident of any nature; (2 °Z MEDICAL bel DEATH (notify medical examinar) etc.) **b**y obtained 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY approved Not While While At (APPROX.) At Work Work and 22. I certify that (1) (this hospital) attended the deceased from... 19 pe that (1) (we) lost saw the deceased alive an and that In(my) (our) opinion death occurred on the date hospital death) must and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Staff Phys. M.D. Med. Director 0 approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior Lutheran Hospital of at NAME (Type M.D. MIGUEL D.O.A. 24A, BURIAL CREMATION, 24B. eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) written timore Moreland Mem. emeteru Was 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ruck Inc. VS 150-REV. 1/1/65

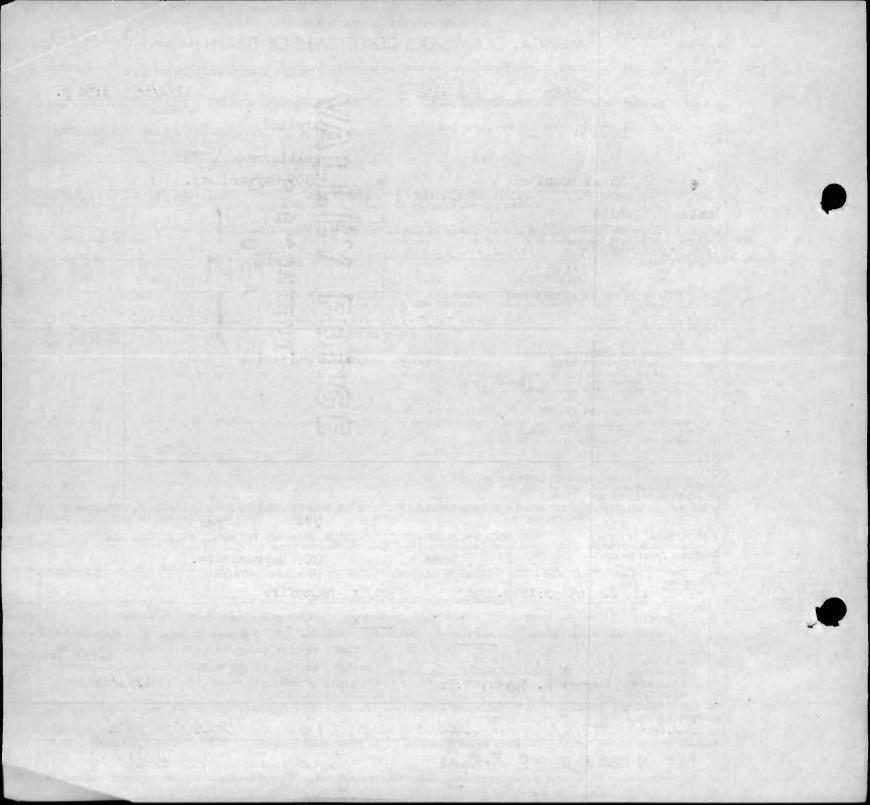
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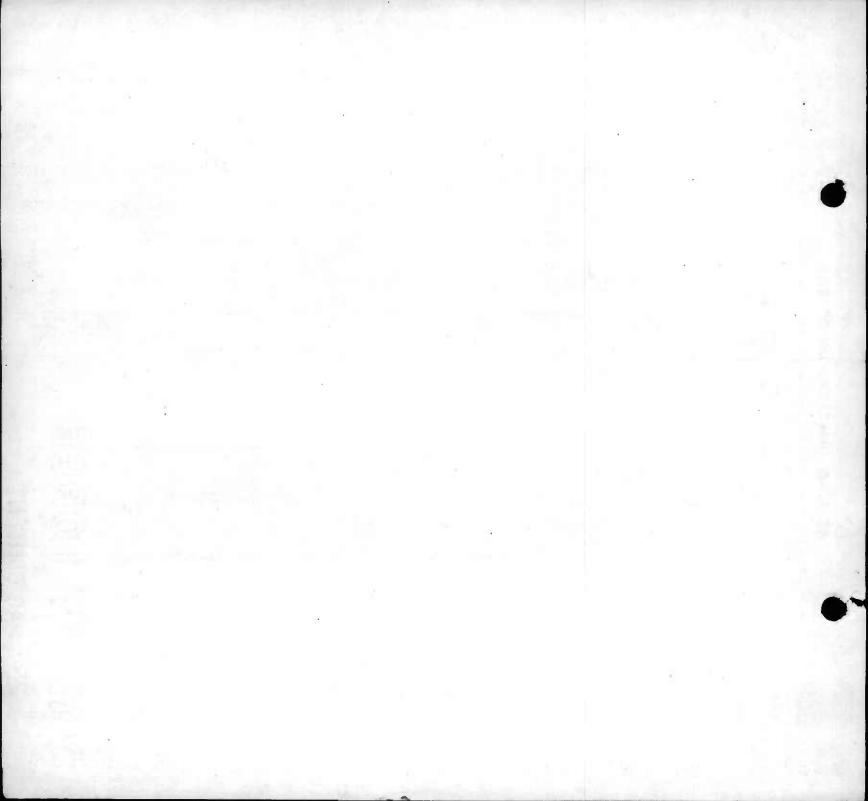
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BIRTH NO.	12369 MEDI		BALTIMORE CITY HEAL	TH DEPARTMENT	DEATH Registe	65 12369
M.E. CASE NO.						
1. NAME OF DE	CEASED Euge	ene L.	Blennis	2. DATE AN	HOUR PRONOUNCE	
3 PLACE IN RAL	TIMORE MARYLAND, W		BLENNISH	III LISUAL RESIDENCE (Whose		2/65 3:50 p. M.
3. FEACE III DAE	more maricallo, w	HERE PRONO	SHCED DEAD	A. STATE	B. COU	NTY
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TOWN (If outside		RURAL and give township)
12				D. STREET ADDRESS (If rurol,	give location)	/
	Sinai Hosp	ital		3309 Hay	ward Ave.	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
male	white	1// /	owed	Feb. 22. 1888) (
Reture a	working life, even if retired) Watchman	1	Track	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	111			14. MOTHER'S MAIDEN NAM		
		rown			Unknow	
	ED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes	W W 7		072-01-275	Mrs. Albert L	DiLeonardi	3601 Harford
1B.	116.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DI	RECTLY	Carbon	monoxide poisoni	ng	
(This does	LEADING TO DEATH	dvina e.a.	(A)			
heart failure	e, osthenio, etc. It means implication which caused	the disease,				
DISEASES	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST	NY, GIVING	(B)DUE TO			
UNDERLYI	NG CONDITION LAST.		(C)			
<u> </u>	1					
O THE	ENIFICANT CONDITIONS DEATH BUT NOT REL OR CONDITION CAUSING	ATED TO T				
19A. DATE OF	F OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	10 CERTIFY BE CAUS	
O UNDERLYING	AL CAUSE WAS DXOR CONTRIB- USE OF DEATH.	21 B. home etc.)	, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?		7 7 7 7
N 21D TIME			home	3309 Hayw		21-11
OF INJURY	(Month) (Doy) (Year		THE INJURY OCCURRED		JKY OCCUK?	
	12 22 65 3	:25 Pm	WORK AT W	while housefire		
22. I cer	rtify that I held on I	ngulry 🗌	Inspection Aut	and that on thi	s basis, death in m	ny apinian
resu	Ited fram: Natural car	ses A	Accident X Suicid	e Hamicide U	Indetermined manne	er 🗌
	A	-	-7_/	CHIEF MEDICAL EX	AMINER _	DATE SIGNED
SIGNAT		W-5	and - M.D.	ASSISTANT MEDICAL EX	AMINER X	DATE SIGNED
EXAMII NAME (NER'S Werner U	. Spitz		ASSOCIATE MEDICAL EX		12/3/65
23A. BURIAL CRE REMOVAL (Specif	fy)	0	C. NAME of CEMETERY		0	town, or county) (State)
Burio	12/6/6			tional (em.	Baltimo	re, Md.
24A. DATE REC'D			OF REGISTRAR	24C. FUNERAL DIRECTOR	1 0	ADDRESS
DEC	6 1965 R.C.	46、金	1. HeuMA	Leonard J. K	luck Inc. I	Balto.14 Md.
VS 151-REV. 1/1	/65 N/ A/	101	ad 11	0 9 0 1	;	





was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

BAL	AIT.	AOR	E	CIT	Υ	HEA	LTH	DI	EP/	\R1	M	EN	11	•
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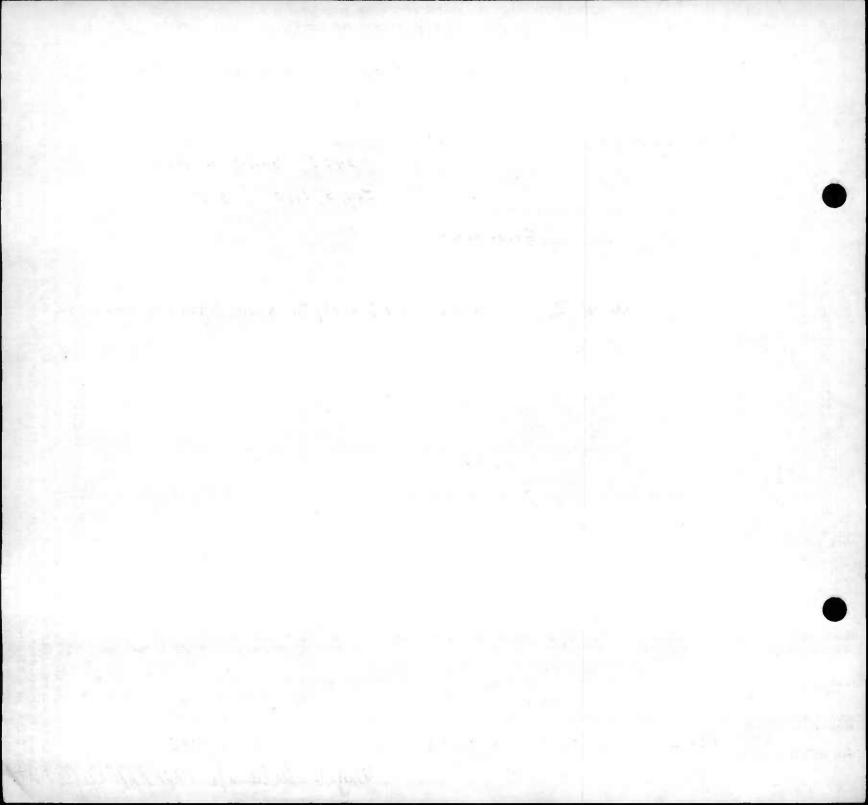
			BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO.	65 1237	1 CERTIFICA	TE OF DEATH	Registered Ne	12371
1. N	AME OF DECEASED			2. DATE AN	ND HOUR OF DEATH	11.00
(Typ	pe or Print)	FRE dErick	R. Tacks	AN DEC	Ember 3.19	65 12: 40 AM
3. 1	PLACE OF DEATH IN BALT	TIMORE, MARYLAND	7,11	4. USUAL RESIDENCE (Who	ere deceased lived. If inst	
-		t in hospital or institu ss or location)	tion, give street	C. CITY OF TOWN (If ou	Itside city limits, write RU	JRAL ond give township)
7	Mercy Hospill	Al. INC.		BAITIMONE OF STREET ADDRESS (III	rurol, give location)	
	301 ST. PA.	ul Place			ilford Ar	E #18
5. \$			RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	MALE NEG	00	MARRIEL	JAN, 5, 1910	55	
	. USUAL OCCUPATION (Give during most of working lile, e	1.0.0	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	UNEMPLOYED		verment	JETSEY CITY	, N.J.	U.S.A.
13.						
	FrEd 7				BErry	
15, (Yes	Wos Deceased Ever in U. : s,no or unknown) (If yes, give	e wor or dates of serv		17. INFORMANT		ADDRESS
	YES WI	W. II	213-12-6409	Dorothy Tuck:	SON-24096	uiltored Due.
	18. 49/X		CAUSE O	F DEATH	bronch	interval Between onset and Death
	DISEASÉ OR CON LEADING			100000	Piloto 1.	Tul
	(This does not meon th		e.g., DUE TO	Mellmonia	value	I wa
	heort foilule, osthenio, el injuly of complication w		eose,			
	ANTECEDEN	NT CAUSES	(B)		~~~~~~~	
	DISEASES OR CONDIT	TIONS, if ony, g				
	underlying condition		the (C)			ور و الله الله الله الله الله الله الله ال
ATION	OTHER SIGNIFICANT CO TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO				
CERTIFICATION	19A. DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	O) 20B. IF YES, WERE FIT	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical exc	USE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21 D. TIME (Month) (I	Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?	
2	(APPROX.)		While At Work Not While At Work	•		
	22. I certify that (+)(th	is hospital) attend	ded the deceased from	claber 15	19 63 to DEC	EMBER 3 1945
	that (#) (we) lost sow t	he deceased alive	on DECEMBER	19 6 5 and th	not In (my) (our) opini	ion deoth occurred on the dote
	and hour and from the	couses stated obo	ve. (+) (We) (did) (did not) v	riew the body after deoth.		
	23A. SIGNATURE		n			23B. DATE SIGNED
	20th	angery	Brille M.D. Att	ending Med. Director	Stoff Phys.	DEC. 3, 1965
	23C. PHYSICIAN'S NAME (Type)	y Gregor	Bruce M.D.	23D. ADDRESS Mercy	Hospital	
248	BURIAL CREMATION, 24	4B. DATE 2	4C. NAME of CEMETERY OF CR	EMATORY ZAO, L	OCATION (City	, town, or county) (State)
*	REMOVAL (Specify)	2/8/65	2. Oth mati	10	ante mid.	

DEC 6 1965 P. P. 258. NAME OF REGISTRAR

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTO

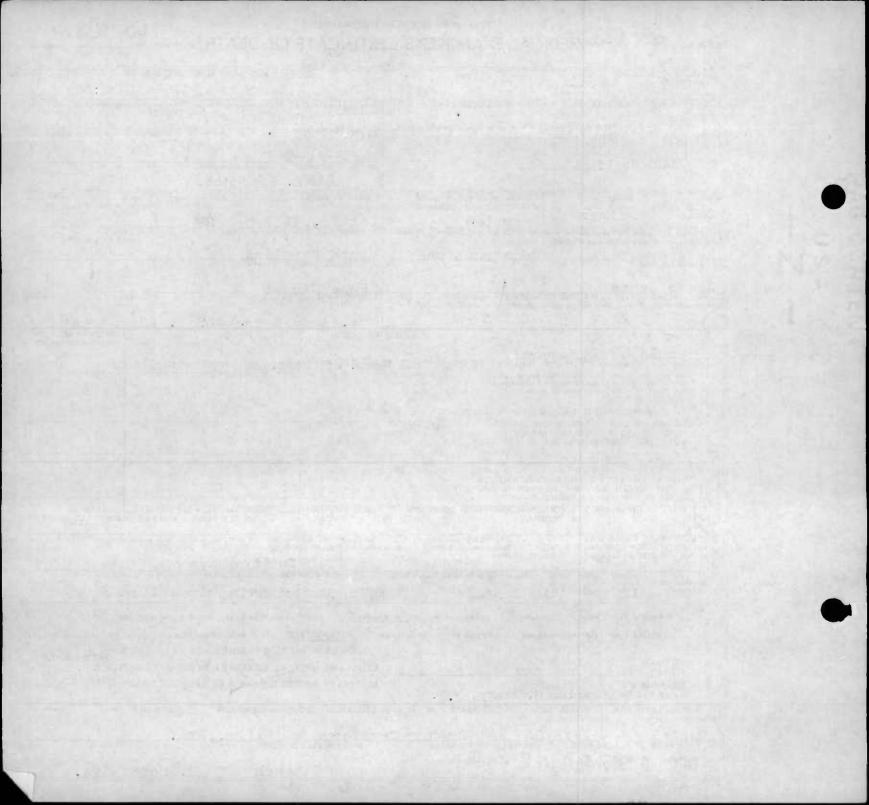
ADDRESS



	н но. 65	1237ME	DICAL EX	AMINER'S C	ERTIFICATE C	OF DEATH Registe	03 12372 ered No.	_	
	CASE NO.								
Tyl	NAME OF DEC	JEREMI.	AH	GAUSE		December 4, 196		м.	
3. P	LACE IN BALTI	MORE, MARYLAND	, WHERE PRONOU	NCED DEAD			titution: residence before odmissi	on)	
HO	L NAME OF	(IF NOT IN HO	SPITAL OR INSTITU	TION, GIVE STREET	A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
1143		Guilford	Διγεηνιε		Baltimore D. STREET ADDRESS (If rurol, give locotion)				
	2723	Galilota	Avenue			22½ Street			
5. S	EX	6. RACE		NEVER MARRIED SIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months, Doys : Hours , Mir	rs.	
1	Male	Negro	Marri		Oct 25, 19				
		PATION (Give kind of orking life, even if retir	work TOB. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of		12. CITIZEN OF WHAT COUNTRY?	Т	
I	aborer			uction	North Caro				
13.1	ATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME			
15.		EVER IN U.S. ARI		16. SOCIAL SECURITY NO.	17. INFORMANT	ht	ADDRESS		
	No				Mrs. Anna	Gause 406 E.	22 Street		
	1B. F 9	22X.		CAUS	OF DEATH		INTERVAL BETWEE		
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN	Picotion which countries on the countries of the countrie	USES IF ANY, GIVING A) STATING THE SST.						
TIFI	DISEASE OR	CONDITION CAU	SING IT.		LOOA AUTOROXY (V	N 1000 IP VPC IVPOR	AND NOT CONTROL		
CE	2	OPERATION 198.	PERFORMED	VHICH OPERATION	Yes	IN CERTIFYING CAU			
MEDICAL	21 A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street, House		DID (If in Boltimore City, g UR? 111ford Avenue	give exact location)		
Σ	21D TIME	(Month) (Doy)	(Yeor) (Hour) 2	E. INJURY OCCURRED		D INJURY OCCUR?			
	(APPROX.)	12 4	65 P w	HILE AT NOT	WHILE Stabbed	d during altero	eation.		
		ify that I held on ed from: Natura	Inquiry [topsy X and that	on this basis, death in			
	ACTUAL SIGNATU EXAMIN	JRE	(haules)	Pour M.D	CHIEF MEDICA ASSISTANT MEDICA ASSOCIATE MEDICA	AL EXAMINER AL EXAMINER	DATE SIGNED		
23A	. BURIAL CREA		es S. Pett	NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	y, town, or county) (State)		
REA	AOVAL (Specify)		10 105						
	Burial DATE REC'D	BY HEALTH DEPT.	8/65 M	t Auburn C	emetery 24C. FUNERAL DIRI	Balto., Md.	ADDRESS		
	DEC 6	1965 00	Ja St. Fa	escy M.A	Wm C Ma	rch 928 E.	North Ave		

VS 151-REV. 1/1/65

928 E. North Ave.



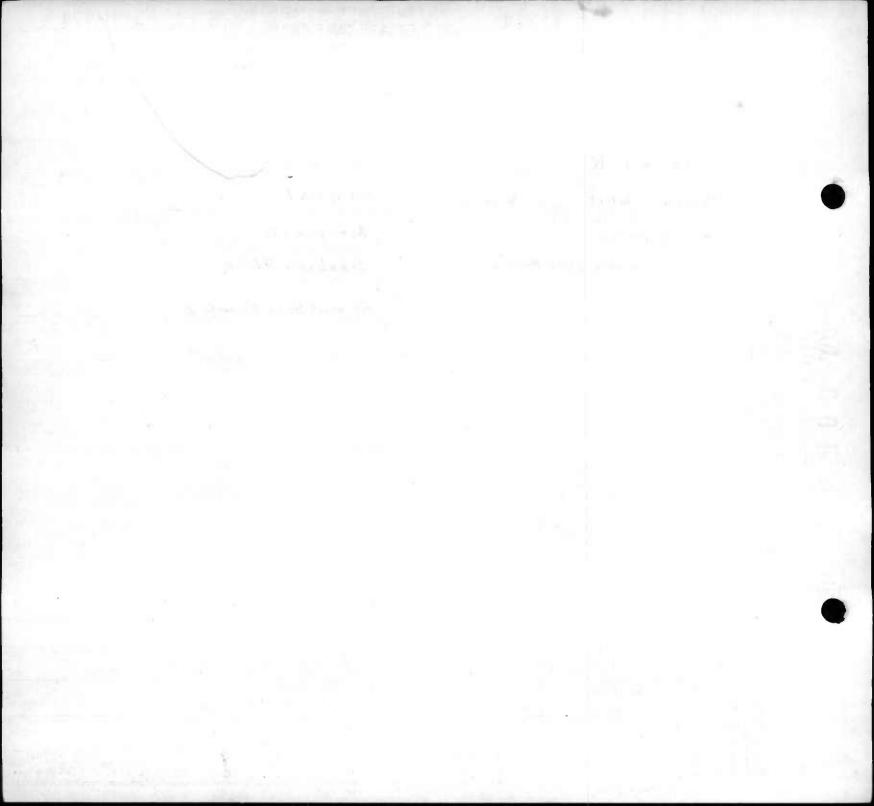
65 12	273 BALTIMORE CIT		
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered No.	12373
M.E. CASE NO. 1. NAME OF DECEASED			
(Type or Print) FERTI	TTA, ELIZAB	BETH K. 10: 40AN12-4-6	55 1 10:40 ,
3. PLACE OF DEATH IN BALTIMORE, N	ARYLAND	4. USUAL RESIDENCE (Where deceased lived, if in	
FULL NAME OF (If not in hospite	of or institution, give street	2 -	7-01
HOSPITAL OR oddress or locat		C. CITY OR TOWN (If outside city limits, write &	URAL and give township)
	11-00-	Maryland	
/ MERC	HOSPITAL	D. STREET ADDRESS (If rutol, give location)	
·		3805 Volanda	ave
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
FW	n)	6-19-18 10st 61macy)	TATOMIS DOYS HOUIS NA
10A. USUAL OCCUPATION (Give kind of wo		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lousewife		Bailimore Md.	U.S.A
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	a.s.17
1 1 7 0)		
Frank J. K	cycrofT	Elizabeth Kolli	MG & F D ADDRESS
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (II yes, give wor or do	orces? otes of service) 76- SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
//0		Mr. Charles V. Fertiti	ta (Same)
18. 465XI	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		2040 20 00 2- 0	1 M
LEADING TO DEATI	(A) C	EBRAL EDEMA	I nevil
(This does not mean the made of heart foilure, osthenia, etc. II mean	is the disease,		
injury ar complication which couse	ed death.)	ARDOAC AMPEST	Ivath
ANTECEDENT CAUSE	ES (B)	1 1 1	
DISEASES OR CONDITIONS, if	any, giving	ILM. EMSOLUS	1 muth
rise to the above cause (A UNDERLYING CONDITION last,	is stating the (C) 16	LIM C MAC. 20 CO 3	
11			
Z	CONTRIBUTING		
O OTHER SIGNIFICANT CONDITIONS			
TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING	LATED TO THE		
DISEASE OR CONDITION CAUSING	LATED TO THE STIT.		INDINGS CONSIDERED
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CO	LATED TO THE IT.	YES IN CERTIFYING CAL	INDINGS CONSIDERED
DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CO WAS PE 21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	LATED TO THE OUT OF THE PLACE OF INJURY (e.g.	YES IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
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TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeo	LATED TO THE ONDITION FOR WHICH OPERATION REFORMED 218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore	JSES OF DEATH?
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DISEASE OR CONDITION CAUSING 19A.DATE OF OPERATION 198. CO WAS PE 21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.) 22. I certify that (this hospit that (I) (Colors saw the decease and have and fram the causes st 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) BURIAL 12/7	LATED TO THE IT. IT. INDITION FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.) IT. IT. IT. 218 PLACE OF INJURY (e.g., home, form, foctory, street, etc.) While A1 Not Will Work A1 Work A2 A WGELOM.E	IN CERTIFYING CALL Jefs of the body after death. The diagram of the	City, give exact locohon) 12-4-196 Tian death accurred on the 12-4-65 12-4-65 12-4-65 12-4-65 12-4-65
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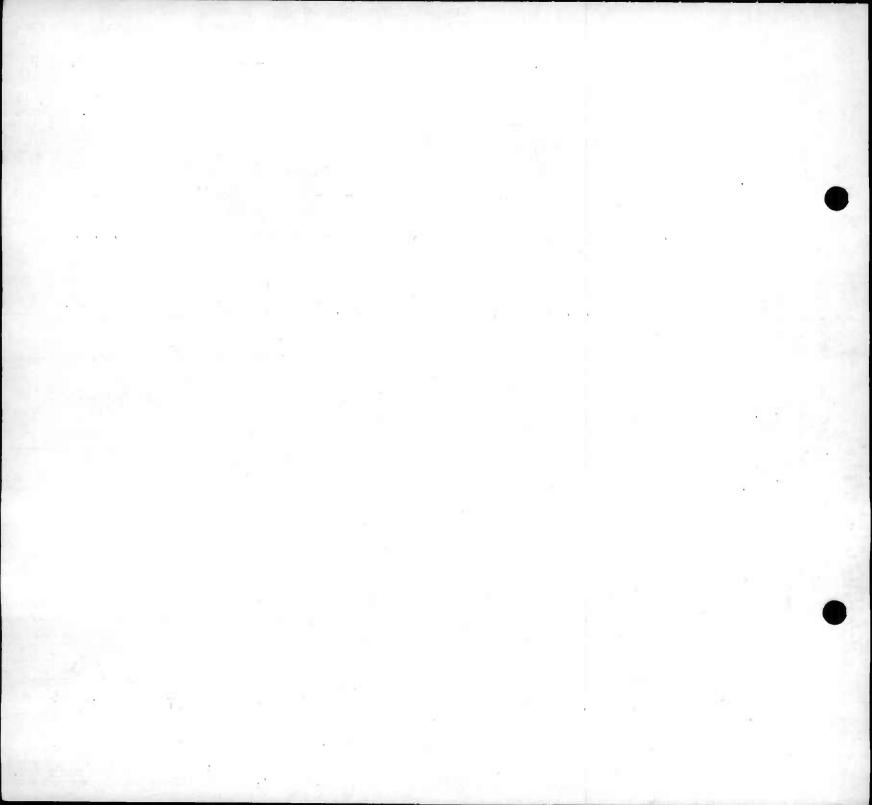
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VS 150-REV. 1/1/65

	Section 15	COLOR A	BALTIMORE CITY	HEALTH DEPA	RTMENT		GE 40074
BIRTH NO. M.E. CASE NO.	65 12	3/4	CERTIFICA	TE OF D	EATH	Registered No	65 12374
. NAME OF DECEAS	SED					D HOUR OF DEAT	
Type or Print) PL	ANNENSTEI	1 - MP	SANNA		Done	uhop 5 -	1965 12: PM
PLACE OF DEATH	IN BALTIMORE, MARY	LAND	2710117	4. USUAL RESI	B. COUN	e deceosed lived. II	1965 12: PM
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or oddress ar location)	institution, giv	e street	C. CITY OR TO	WN AND	side city limits, write	e RURAL and give township)
INSTITUTION.	1			BAL D. STREET ADI	+ IMOR	ural, give lacation)	
Kesw	ick				V. 40th		
SEX 6.	White ?		DIVORCED (specily)	Oct 6, 18		ost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
	MON (Give kind of work 1 king life, even if retired)	OB, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE	E (State or forei	,	12. CITIZEN OF WHAT COUNTRY?
House W	IF-e			MARYA 14. MOTHERS	LAND		USA
FATHER'S NAME		A		14. MOTHER'S	MAIDEN NAM	A E	
george A	AdAM SpoNI	4eimer			ARA 71	·ICK	
Wos Deceased Ev	er in U. S. Armed Force yes, give war ar dates	15?	6. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
			NONE	Keswick	Home	carde deseas	B. D. Paula R. N
1B. 44)	2./1		CAUSE O	F DEATH			ONSET AND DEATH
DISEASE	OR CONDITION DIRE	CTLY			n -		ONSE! AND DEATH
	ADING TO DEATH		- alr	terwick	erolic	carde	٥) ا
(This does not	mean the made of	dying, e.g.,	DUE TO	10	- P-	1. 00	
	thenia, etc. II means I			UU	scilla	1 austus	-2
	calian which caused o	jeam.)					
AN	TECEDENT CAUSES		(B)		p a = 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		
DISEASES OR	CONDITIONS, if a	ny, giving					
rise la the	abave cause (A)		(C)			······································	
UNDERLYING C	CONDITION last.						
TO THE DEA	ANT CONDITIONS CO	ED TO THE					
DISEASE OR CO	PERATION 198. COND WAS PERFO	TON FOR WI	HICH OPERATION	20A. AUTOP	SY? (Yes or No	20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING CAUSE OF	21 B. P home, etc.)	LACE OF INJURY (e.g., i larm, factory, street, a	n at about 21C. V iffice bldg., INJUR	WHERE DID	(11 in Boltim	ore City, give exact location)
2		(Hour) 21E, I	NJURY OCCURRED	215 14	IOW DID INJ	LIRY OCCILE?	
OF INJURY	nonini (Dayi (redii	White Work		le 🗀	נאו טוט אט	OKY OCCUR:	
22 1	. //\ /al.t = 1				<i>*</i>	0/16	5 DOC 1960
22. I certify the	at (1) (this hospital)	attended the	1	DRYARY	9	1946	
that (1) (we) la	st saw the deceased	alive an	5 4	2c_ 19 6	ond th	at in(my) (our) o	pinion death occurred an the de
and hour and fo	ram the causes state	d above. (I)	(We) (did) (did not)				
23A. SIGNATURE		Δ	, , , , , , , , , , , , , , , , , , , ,				23B, DATE SIGNED
	0.000	Birt	O M.D. AH	ending -	Med.	Stalf	
	urold P.	1 / out	Phy	/s.	Director	Phys.	6 Occ 65
23 C. PHYSTCIAN'S NAME (Type			M.D.	23D. ADDRESS	Versi	ole II ema	0 22 18
THE STATE OF THE S	larold P. Bi	ehl				ck Home	
4A. BURIAL CREMA REMOVAL (Spe	TION, 24B. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY	24D. L	OCATION	(City, town, or county) (State)
Burio	al 12/8/	65 L	oudon Park	Cemete	ry L	Baltimore	Maryland
SA. DATE REC'D BY	HEALTH DEPT.	SE NAME OF			AL DIRECTOR	0 11 1	ADDRESS
DEC 6	1965 R.O.	. हे. प्रकः	AL PAR	Leon	ard Ja	Ruck Inc	5305 Harford R



				BALTIMORE CIT	Y HEALTH DEF	PARTMENT			
BIRTH	1 NO.	65 1	2375	CERTIFICA	ATE OF I	DEATH	Registered No.	3 123	75
	CASE NO.	FASED				2. DATE A	ND HOUR OF DEATH		10
	e ar Print)		J. QL	JIMPER			-5-65		5:40 Pm
3. PL	ACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RE	SIDENCE (Wh	ere deceased lived. If i	nstitution: resider	nce before admission)
FL	ULL NAME O	F (If not in hospital	ar instituti	an, give street		RYLAND		Bak	the state of the s
Н	OSPITAL OR	oddress or locotio	n)		C. CITY OR	TOWN (If o	utside city fimits, write	RURAL and give	e tawnship)
7				NS HOSPITAL	B	ALTIMO		5	3-00
0		BALTIMORE	e, ML	21205	D. STREET A		f rural, give location)		
							BROOK ROAD		
5. SE	M	6. RACE		IED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF B		9. AGE (In years last birthday)	tf Under 1 Y Months Day	s Hours Min.
			10B. KINE	OF BUSINESS OR INDUSTE	RY 11. BIRTHPLA	CE (State or for	reign country)	12. CITIZEN	OF COUNTRY?
dane		working life, even if relifed) Asst Public	her	News Amer.	Massa	chuset	ts	4.4	S.A.
13. F	ATHERS NA					S MAIDEN NA			
	OMER	QUIMPER			FRNI	ESTINE	BREAULIEU	1	
15. W		Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMA				DRESS
(Yes,	na ar unkna wn	(If yes, give war ar date	es of servi	SECURITY NO.	M	71	0.		
	yes	W.W.		641168		Theres	a Suimper	10175	Same RVAL BETWEEN
	18.33	IX			OF DEATH			ONS	ET AND DEATH
	DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	18	we for and	reula.	see do 1		1
		nal mean the made at		e.g., DUE TO	V CW10VV	yeur c	accident		days
		asthenia, etc. II means		ase,				- 1	
		ANTECEDENT CAUSES		(B) Z	wiely	series	0 000 000 H H H H 0 0 0 0 H 0 H H OWNING H H 5 6 5 5 5 5 5 5 5	-eyl	us.
	DISEASES OR CONDITIONS, if any, giving							0	
	rise la lh	e abave cause (A)							AAAA0000000000000000000000000000000000
	UNDERLYIN	G CONDITION last.							
NO O	OTHER SIGN	FICANT CONDITIONS	CONTRIBU	TING					
ATION	DISEASE OR	EATH BUT NOT REL.	IT.	IME					
ERTIFIC	19A. DATE OF		FORMED	OR WHICH OPERATION	20 A. AUTO	OPSY? (Yes or h	No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS COL	NSIDERED TH?
0	OR CONTRIB	NT WAS UNDERLYING [UTING [] CAUSE OF medical examined		21B PLACE OF INJURY (e.g. hame, farm, factory, street, etc.)	affice bldg., INJ	WHERE DID URY OCCUR?	(tf in Boltima	re City, give ex	oct lacotian)
	21 D. TIME	(Month) (Doy) (Year)	(Hour)	21E, INJURY OCCURRED	21 F.	HOW DID IN	IJURY OCCUR?		
5	OF INJURY (APPROX.)			While At Wark At Wa					13.345,70
	22	shae 15 (ship hagaisa	I) attend	ed the deceased fram	Dec-	2	19/9 10	ec.	1965
	- /	last saw the deceas		1	19 6	C and	that in (my) (aux) of	inlan death a	coursed on the date
11 1	/							illian dedin d	cconred un me dan
11 1	and haur an		red abav	e. (1) (We) (did) (did not)	view the bad	y atter death	•	23 B. DATE SI	GNEO
	TOWN I	11/1 (2	()-	M.D. A	ttending —	Med.	Stoff	17/0	-160
	NIC	Kleum D.	Ull	P	hy s.	Director	Phys.	1/2/3	100
	NAME (Гуре)			23D. ADDRESS				T.O. M.O.
	WIL	LIAM B. CW	TTS	M.I	001111			TAL-BAL	
24A	REMOVAL		24	C. NAME of CEMETERY of C	REMATORY	24D,	0 1	City, town, or co	1
	Buri	-/ 12/0/	65	New Cathed	ral cem.		Baltimore	, Maryl	and
25A	. DATE REC'D	BY HEALTH DEPT.	25B. NA	ME OF REGISTRAR	25C. FUN	ERAL DIRECTO	0 1 0	4	ADDRESS
	DEC	6 1965 00	40	Fr. augus	Leon	rard J.	Ruck Inc	5305 H	larford Rd
VS	150-REV. 1/1/	65	7	Ant Take	0	7 0 0			



VS 150-REV. 1/1/65

of death Deceased and

hospital

the Such

On

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death.

BALTIMORE CITY HEALTH DEPARTMENT 65 12376 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2, DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission 3. PLACE OF DEATH IN BALTIMORE MARYLAND B. COUNTY A. STATE (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or lacation) (If outside city limits, write RURAL and give township ADDRESS 0 UITH 9. AGE (In years If Under 1 Yr. Months: Days 7. MARRIED, NEVER MARRIED If Under 24 Hrs. RIRT Hours WIDOWED, DIVORCED (specify) lost birthday) SINGLE 0 60 0 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even il retired) 13. FATHERS NAME OHN 5. Was Deceased Ever in U. S. Armed Farces ADDRESS 16. SOCIAL SECURITY NO. 2 ONSET AND DEATH DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving to the above couse (A) sloting the UNDERLYING CONDITION Iosl. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? City, give exact lacation) MEDICAL DEATH (notify medical examined etc.) 21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While [While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 19 that (1) (we) last saw the deceased alive an. and that In(my) (aur) opinion death accurred on the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Phys. Director approval 23 C. PHYSICIAMS
NAME (Type)
CHARLES 23D. ADDRESS E BORING M.D. UNION MEMORIAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) written timore National em. 25A. DATE REC'D BY 35C. FUNERAL DIRECTOR Ruck Inc.

THE THE THE NEW YEAR

M CHERRY SINGLE 10/2/05 60

SALES SEINER ROEBUCK MARKEAND USA.
JOHN HUNT FINNY ROBEY

7 ? ? CHART + SISTER ANNA NORWOOD

YES

DEC 4 65 65

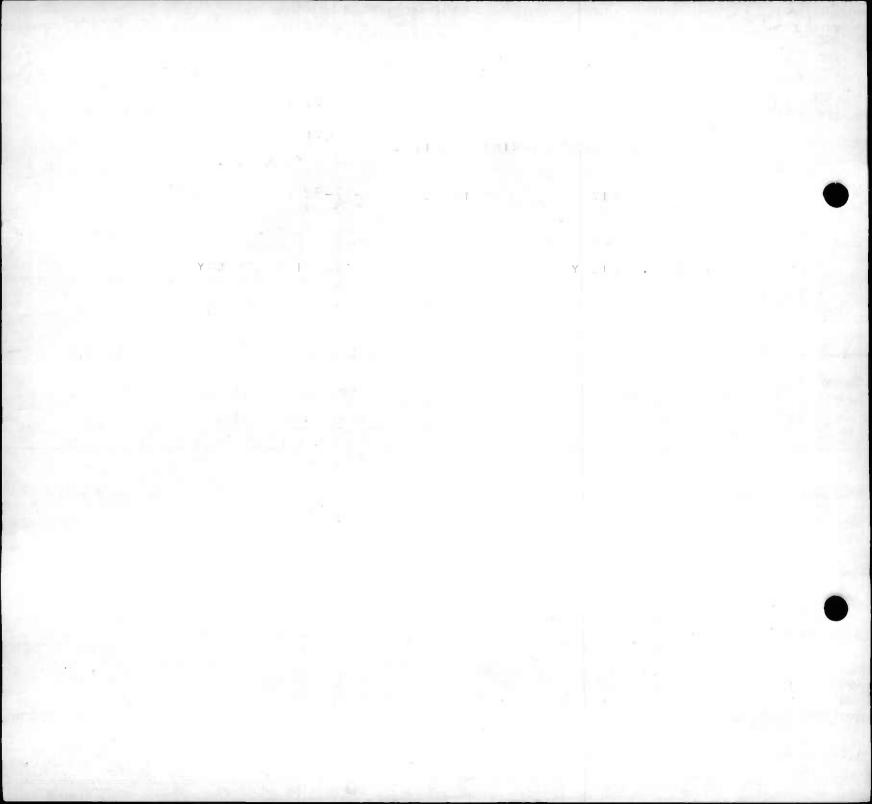
Charles & Bourg Jr.

X Day 8 1965

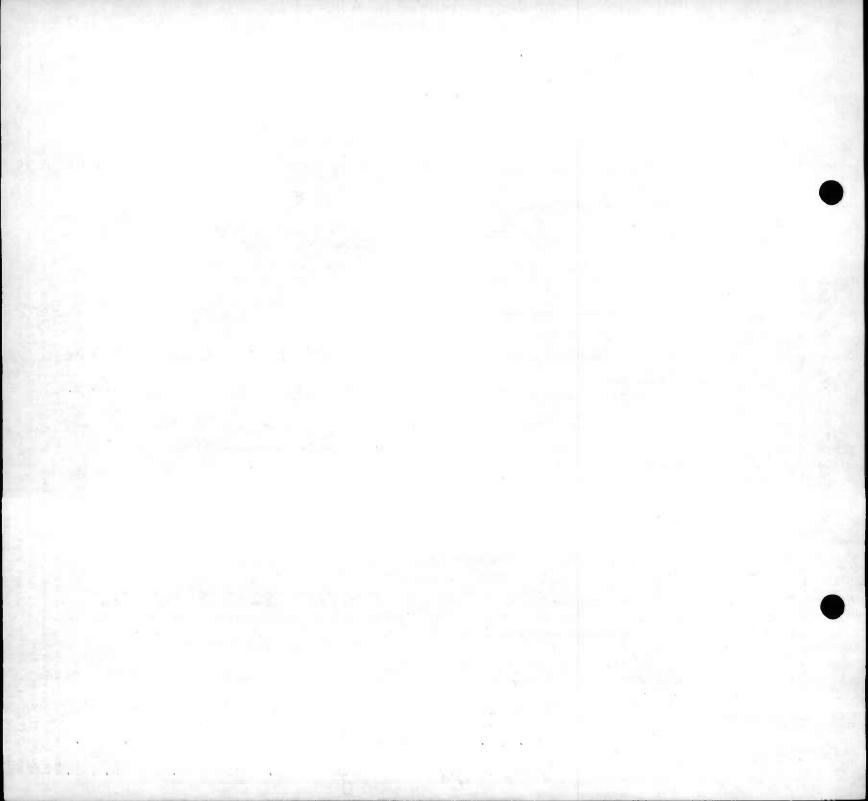
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	65 12377	BALTIMORE CITY	HEALTH DEPARTMENT		נייניוניניני אַ פֿייני
	RTH NO. E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	65 12377
1, I (Ty	NAME OF DECEASED PLACE OF DEATH IN BALTIMORE, MARTLAND	MILLER	DF	thour of Death	65 6120 P N
(FULL NAME OF (II not in haspital or institution oddress or location)	MENDED on, give street 12-15-65	4. USUAL RESIDENCE (When A. STATE B. COUN MD. C. CITY OR TOWN (If our		6-34
4	INSTITUTION	11	BALTIMO	RE	
L	UNION MEMORIAL	HOSPITAL	10111 1	rurol, give locotion) RMISTEAD	WAY
L	M WHITE WIDO	VED. DIVORCED (specify)	6/13/99	last birthday 6	If Under 1 Yr. If Under 24 Hrs. Aanths Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of work) 108. KINE ne during most of working life, even if retired) CAS RIVER TR FATHERS NAME	ANSPORTATION	PENNSY 14. MOTHER'S MAIDEN NAM	LVANIA	U,S,
	UNK. Morgan Mil	ler	()NK	Belle Par	ker
15. (Ye	. Was, Deceased Ever in U. S. Armed Forces? es, for a unknown) (If yes, give war or dotes of servi	16. SOCIAL 1 AECURITY NOS 19	MRS. EVA	MILLER	-SAME
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF		AR STION	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the made of dying, when to follow the disering of the dise	(B) AFT DUE TO	THE WILLER	7 CARDION	MX RL AR
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20 B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, off etc.)	ar about 2 C. WHERE DID	(If in Baltimore C	City, give exact location)
MEDIC	21D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED While At Nat While At Wark	21F. HOW DID INJ	URY OCCUR?	
	22. I certify that (this hospital) attended that (we) lost sow the deceased alive of	on DEC. 4	19. 65 ond the	19.65.toDE ot in((our) opinion	on death occurred on the dat
	23A. SIGNATURE 23C. PHYSICIAN'S	M.D. Atter	nding Med.	Stoff Phys.	DEC. 4,1965
2.4	L. EVAN CUSTE	R M.D.	THE UNION		HOSPITAL
	Burial 12/7/65.		netery	Glenburnie	
L		De OF REGISTRAR	Leonard J. J	Ruck Inc. E	Balto. Md. 21214
VS	150-REV. 1/1/65		. 0 . 0 0		

	65 123	78		HEALTH DEPART		Desire of Ma	CE A	0.020	
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DE	ATH	Registered Na.	() (.)	2010	
1. NAME OF D	ECEASED .	-		2		HOUR OF DEATH	/ -		
	JOHN DAILEY		2.		DECEM	BER 4 190	55.	6:30 P	
3. PLACE OF D	DEATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDE	B. COUNT	deceased lived. If in	stitution; resid	lence before odmis:	
FULL NAME	OF (If not in hospital a	MARYL	AND		2/1-	-/71			
HOSPITAL O	R oddress or location?	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
INSTITUTION		BALTI		#6					
77.	THE JOHNS H	OPKIN	S HOSPITAL	D. STREET ADDRE	SS (If r	urol, give location)			
1		4108 1	MARX .	AVE.					
5. SEX	6. RACE		D, NEVER MARRIED	B. DATE OF BIRTH	19	. AGE (In years	If Under 1	Yr. , If Under 24	
MALE	WHITE		RRIED (specify)	4-17-82	83	ost bighdoyi 82	Months Do	ys Hours Mi	
	CUPATION (Give kind of work)						12. CITIZEN	OF	
done during most	ol working lite, even if retired)		l Driller			,		COUNTRY?	
Reti			enna.		u	(377			
3. FATHER'S N	AME			14. MOTHER'S MA	AIDEN NAM	\ E			
JOHN .	J. DAILEY			CATHER	INE C	ROWLEY			
5. Was Deceas	ed Ever in U. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT			Al	DDRESS	
No No	wn) (If yes, give wor or dotes	of service)	218-10-2836	MARA El	izaha	th Dailon	15	(ame)	
					gue	- Juney			
1	10011.			FULAIH	DEATH			TERVAL BETWEEN ISET AND DEATH	
DISE	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				anhalan lauda				
(This does	nal mean the made of	(A) VEL			rebral embolus			nutes	
heart failur	neart failure, asthenia, etc. It means the disease,								
injuly at c	ANTECEDENT CAUSES (B) Car			rdiac arrhythmia			one	e Week	
	ANTECEDENT CAUSES								
	OR CONDITIONS, if a the abave cause (A)		Dis	gitalis i	ntoxi	cation			
	UNDERLYING CONDITION lost. and				arteriosclerotic cardiovascular				
	11			sease				- 7- 44 07 44	
	INIFICANT CONDITIONS CO		NG .						
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
U 19A. DATE	OF OPERATION 198. CONE		WHICH OPERATION	20A. AUTOPSY?	(Yes or No)	208. IF YES, WERE	FINDINGS CO	NSIDERED	
ERTH				No					
OR CONTR	DENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHE	ERE DID	(If in Boltimore	City, give e	xoct location)	
DEATH (no	tify medical examiner	eto							
21 D. TIME	While At Not Whi			21 F. HOV	N DID INJU	JRY OCCUR?	-		
APPROX.									
		Work At Work							
	fy that (1) (this hospital)			Dec. 2		9.65. to Dec			
that (I) (w	e) last saw the deceased	d alive on.	Dec 4	19.65	and the	t in (my) (aur) apl	nion death	accurred on the	
and hour o	and from the causes state	ed abave.	(I) (We) (did) (did more) v	iew the bady afte	er death.				
23A. SIGN A	TURE	0					23B. DATE S	SIGNED	
	Wheel of	Ture.	M.D. Alle	ending Me	d. ector	Stoff Inter	n Dec	4, 1965	
23C. PHYSIC	CIANS	ruy		23D. ADDRESS		,		, -, -,	
NAME	(Type) W. Leigh	Thom			hns H	lopkins Ho	spital	1	
MA BM214T =									
REMOVAL	REMATION, 248. DATE L (Specify)	24C. N	NAME of CEMETERY of CRI	EMATORY	24D. LC	0 1	ty, town, or c		
Buri	al 12/9/6	5. Ho.	ly Redeemer	(emetery		Baltimor	e, ///d.		
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL				ADDRESS	
DEC 6	6 1965 P. P. A	0 7.	0	Leonar	d 9.	Ruck Inc.	Balto	2 Mid. 21	
/S 150-REV. 1/		- MOL		100	()	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7-1000 20 7	
A LAN-MEAT ()	1100		ofte and.		347 6				

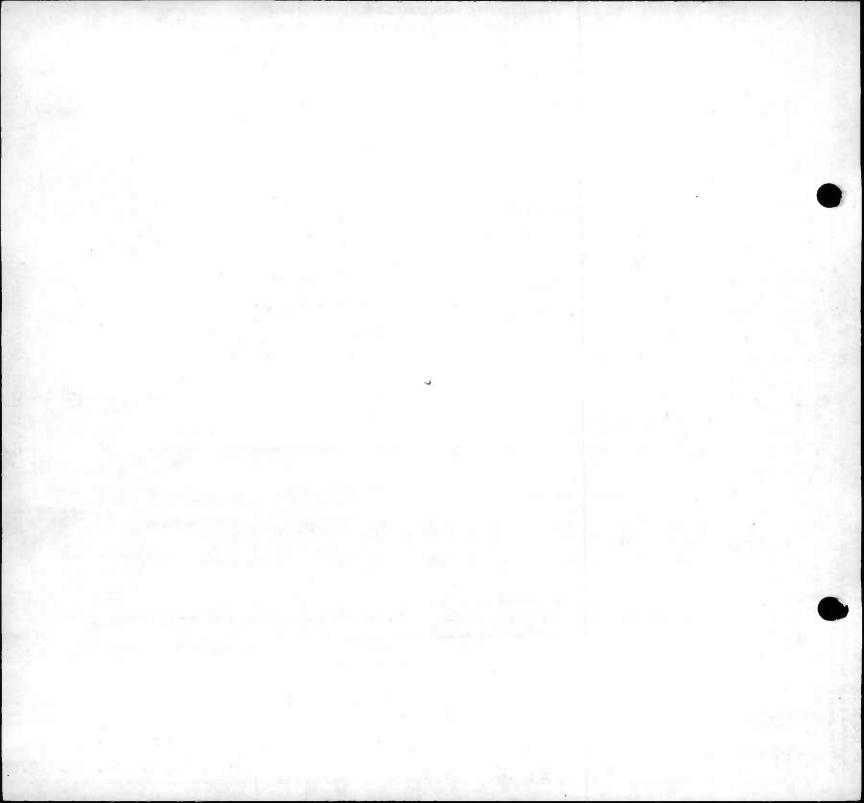


	ORE CITY HEALTH DEPARTMENT
BRTH NO. 65 12379 BALTIM	TIFICATE OF DEATH Registered No. 65 12379
M.E. CASE NO.	
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH
CATHERINE HUGHES	Dec 5,1965 1100
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fixed. If institution: residence before adm. A. STATE B. COUNTY
MERCY HOSPITAL F	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	MANYCAND On Server
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
77	PERTIMORE (66-00)
	D. STREET ADDRESS (If rurol, give location)
	161/2 + SHERLOON YVE. RIVERDALE
5. SEX 6. RACE 7. MARRIED, NEVER MARRI	IED DAYE OF BIRTH ID ACE OF THE TANK IN
WIDOWED, DIVORCED (5) - 6 4 / 1 / 1
W WIBOWE	D 1/20/1883 82
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even it retired)	INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
11 :	BAHTAINDAS AINDIILAND
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME
GEORGE GRAESER	MARGARET MACK
S. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY	
No	PATIENT HERSELF (ON DOMISSION) - 65 AT
18. 44 6 7. 21.	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEAT
LEADING TO DEATH	Kelleralized regitoristic 1 Ray
(This does not mean the mode of dying, e.g.,	UE TO
heart loiture, asthenia, etc. It means the disease, injury or complication which coused death.)	
	small bound ritaretron day
ANTECEDENT CAUSES (B)	UE 70
DISEASES OR CONDITIONS, if ony, giving	Upage of and some of the
rise to the obove couse (A) stoting the	process arprioscers and
UNDERLYING CONDITION Iosi.	auste aprial porillation
7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	
12/1/65 Small bornel infa	retron (IN CERTIFYING CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJ	JURY (e.g., in or about 21 C. WHERE DID (It in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, lorm, Mactory,	JURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location), street, office bldg., INJURY OCCUR?
OR CONTRIBUTING CAUSE OF home, form, Mactory, etc.)	
OR CONTRIBUTING CAUSE OF home, form, Mactory, etc.) OR CONTRIBUTING (CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) OF INITIES (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR?
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	URRED 21F. HOW DID INJURY OCCUR? Not While At Work
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	JRRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 to 19
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	INTED Not While At Work from 19 10 19 19
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on	Street St
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU. While At Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (!) (We) (did) (control of the control of the causes stated above. (!) (We) (did) (control of the causes stated above.	INTED 21F. HOW DID INJURY OCCUR? Not While At Work from 19 to 19 Cas 19 ond that in(my) (aur) opinion deoth accurred on the did not) view the body ofter deoth.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU White At Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did)	INTED 21F. HOW DID INJURY OCCUR? Not While At Work from 19 to 19 Cas 19 ond that in(my) (aur) opinion deoth accurred on the did not) view the body ofter deoth. 238. DATE SIGNED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU White At Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did)	INTERD Not While At Work from 19 to 19 Ond that In(my) (aur) opinion death accurred on the did not) view the body ofter death. M.D. Attending Med. Stott 19
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work (APPROX.) 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did)	INTERD Not While At Work from 19 to 19 Ond that In(my) (aur) opinion death accurred on the did not) view the body ofter death. M.D. Attending Med. Stott 19
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU White At Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did)	Not While At Work from 19 to 19 did not) view the body ofter deoth. M.D. Attending Med. Director Phys. 23D. ADDRESS
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (While At Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (and the cause of the cau	INTERD Not While At Work At Work 19 to 19 Gld 19 ond that In(my) (aur) opinion death accurred on the did not) view the body ofter death. M.D. Attending Med. Stoff Phys.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) PARTIES (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU While At Work Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (continued to the causes s	Not While At Work from 19 to 19 did not) view the body ofter deoth. M.D. Attending Med. Director Phys. 23D. ADDRESS
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (and the control of the causes stated above. (I) (We) (did) (and the causes of the cau	Jered Not While At Work from 19 19 19 19 19 19 19 19 19 1
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) Provided the deceased of the dece	Not While At Work from 19 to 19 Ges 19 ond that in (my) (aur) opinion death accurred on the did not) view the body ofter death. M.D. Attending Med. Director Phys. 2 M.D. Go MERCY HOSPITH, BAND., HD. 2 ERY or CREMATORY 24D. LOCATION (City, town, or county) (Step of Cemetery Prince George Co., Md.
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) PARTIES (Month) (Doy) (Year) (Hour) DEATH (Notify medical examiner) White At Work Work 22. I certify that (I) (this hospital) attended the deceased of that (I) (we) lost saw the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (and the cause of the cau	DIRRED 21F. HOW DID INJURY OCCUR? Not While At Work 19 19 19 19 19 19 19 19 19 1
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) Provided the deceased of the dece	Not While At Work from 19 to 19 Ges 19 ond that in (my) (aur) opinion death accurred on the did not) view the body ofter death. M.D. Attending Med. Director Phys. 2 M.D. Go MERCY HOSPITH, BAND., HD. 2 ERY or CREMATORY 24D. LOCATION (City, town, or county) (Step of Cemetery Prince George Co., Md.



VS 150-REV. 1/1/65

MRTH	1 NO. 65 12	(RII	TY HEALTH DEPARTMENT ATE OF DEATH Registered No.	5_12380
1. NA	CASE NO. AME OF DECEASED or Print) Beulat	h G. Reinhardt	Dec. 4, 1965.	13:05 P.
3. PL	ACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived, If i	
H	ULL NAME OF (If not in hospital OSPITAL DR oddress or locotions	or institution, give street 2	C. CITY OR TOWN (If outside city limits, write	
1	Union Me	emorial Hospital	D. STREET ADDRESS (If rural, give location)	
1	CILCOTE THE	snoreux mospecux	2808 Louise	Ave
Je Je	emale White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years March 16, 189) 9. The solution of the soluti	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of word during most at working life, even if retired) Housewife	Own Home	Y 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHERS NAME Wilmer V	V. Wilkinson	14. MOTHERS MAIDEN NAME Margare	et Jackson
5. W Yes,	os Deceased Ever in U. S. Armed For no or unknown) (If yes, give war ar date	rces? es of service) 1 6. SOCIAL SECURITY NO. //One	Mrs. Betty L. Gutman	(Same)
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused ANTECEDENT CAUSES	dying, e.g., DUE TD	Coronary Thrombous arterioscleratio Cardianaculas	5 minutes Dis. Years
rion	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL/DISEASE OR CONDITION CAUSING	stating the (C)		
		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
_ (21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimos office bldg., INJURY OCCUR?	e City, give exoct location)
3 5	21D. TIME (Month) (Doy) (Year) DF INJURY (APPRDX.)	(Hour) 21E, INJURY OCCURRED While At Not Who Work Not Who was at Work		
	22. I certify that (I) (this hospita		19 58 to	December 19 6
o	and haur and from the causes sta	ted abave. (1) (1/2) (did) (did nat)	view the bady after death. Med. Staff Phys. Director Phys.	23B. DATE SIGNED
	111 0 000.			10/0/0
2	BURIAL CREMATION, 24B. DATE	M.D	FOUR TOUR WINEWIS	1200- BACTO-MD



and

hospital

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death

assistant

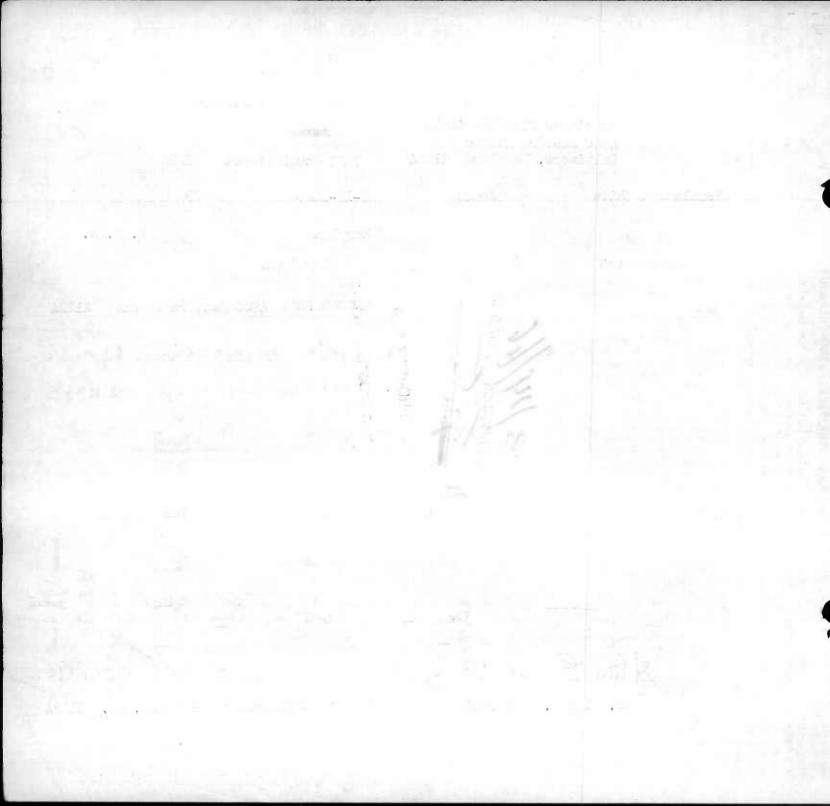
the chief medical examiner

approved by

certificate

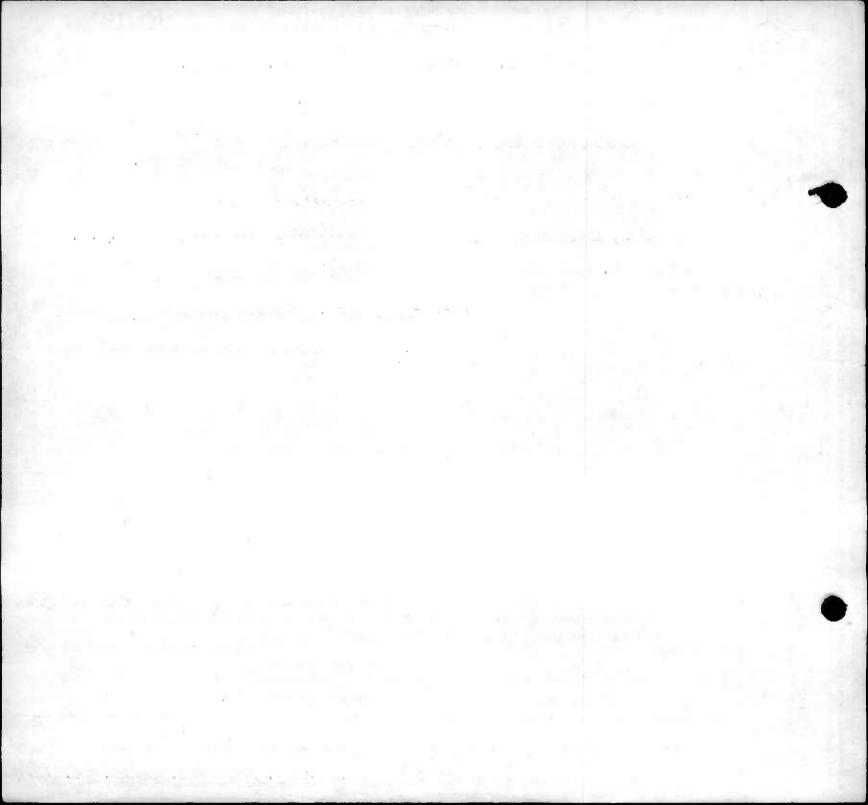
BALTIMORE CITY HEALTH DEPARTMENT 65 12381 Registered No. 55 BIRTH NO. CERTIFICATE OF DEATH of death Deceased the M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO O death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND L USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance A. STATE COUNTY (4) Undetermined cause; (5) contributing cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) CITY write RURAL and give township outside city limits. 0 prior D. STREET ADDRESS give location regular mad MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify 9. AGE (In years 5, SEX DATE (f Under 24 Hrs. 6. RACE If Under 1 Yr. deceased Hours Months Doys lost birthdoy S 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, eventif retired) = Own Home Mas the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death LO 15. Was Deceased Ever in U. S. Armed Forces: (Yes, no or unknown) (If yes, give wor or dates of ADDRESS 6. SOCIAL 17. INFORMANT or final wor or dotes of service SECURITY NO attendance ame any CAUSE OF INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death,) (B) ANTECEDENT CAUSES who DUE TO are 4 DISEASES OR CONDITIONS, if ony, giving (3) rise to the obove couse (A) stoting the = physician UNDERLYING CONDITION lost. remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED the 0 IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where to the hospital °Z DEATH (notify medical examiner etc.) any nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) At Work and Work 22. I certify that (1) (this hospital) attended the deceased from and that in (my) for apinion death/accurred an the date pe that (1) (wat last saw the deceased alive an An accident of hospital death) and haur and from the causes stated above. (1) (Me) (d/d) (did net) view the bady after death. the body was released must 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Stoff M.D. Med. 10 Director Phys. approval 0 23CAHYSICIAN'S 23 D. ADDRESS prior GODFRE at NAME (Type) M.D. was D.O.A. 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, town, or county) (Stote) REMOVAL (Specify) written shows: timore, loreland Mem. emeteru 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ruck Inc. VS 150-REV. 1/1/65

45-33-98	8ALTIMORE	CITY HEALTH DEPARTMENT
CRF	BRTH NO. 65 12382 CERTIFIC	CATE OF DEATH Registered No.
che the	M.E. CASE NO. 1. NAME OF DECEASED	
pital an of deate becase e on the suth. Suc	(Type or Print) Carrie Ann Payne	De- 2 1965 1813 A.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		A. STATE B. COUNTY
7 7	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	Maryland Baltimore C. CITY OR TOWN (If outside city limits, write RURAL and give township)
l in a horang cause; (sause; (sause) carrenda	Baltimore City Hospitals	of ett of the thirty mind, which was a great ownship.
	4940 Eastern Avenue	D. STREET ADDRESS (If rural, give location)
D.=	Baltimore, Maryland 21224	7843 Gough Street 21224
ad ad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
D T E B & E	Female White Widowed	9-15-1886 79
con	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
or condeter independent of the condeter independent of the condeter in the con	done during most of working life, even if retired) At home	Maryland U. S. A.
de de sit	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
if d if d (4) U was the	Sol Gorsuch	Elizabeth ?
	15, Was Deceased Ever in U. S. Armed Forces? 16, 90CIAL	17. (NFORMANT ADDRESS
+ 0 - 0 0	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	DECORDS - DOH 1010 To 1
DRT assist f th f th y k d d d d	No Z	RECORDS:BCH 4940 Eastern Avenue 21224
IMPORT This assis Also, if the of any ki ounced de	N N N N N N N N N N N N N N N N N N N	ONSET AND DEATH
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0 - 0 - 0 -	(This does not mean the mode of dying DUE TO	
IRECTOR: al examiner examiner. (3) A fractur an who pror in regular	injury or complication which coused death	erebral hemmorrhage zdays
amin minimin ho egul	ANTECEDENT CAUSES	
O 2 4 4 5 5	DISEASES OR CONDITIONS, if ony, giving	
R S S S S S S S S S S S S S S S S S S S	underlying condition lost.	
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_ P	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINE	The state of the s
RAI f me med y bu phy phy ian	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
W 0 7 0 C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Chi by a Boo the thysi	2306 devial bu	1es
_ F_O = #	OR CONTRIBUTING CALISE OF home form factory stre	e.g., in or obout 2.C. WHERE DID (If in Boltimore City, give exact location) et, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)	
4 6 5 7 P	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not	
	(APPROX.) While At Not Work At	While Work
b x x z z	22. I certify that (I) (this hospital) attended the deceased from	Dec 1 1965 10 Dec 2 1965
0000	that (1) (we) last saw the deceased alive on Dec. 2	
	and have and from the couses stated above. (1) (We) (did) (did n	at) view the body after death.
ust be dent ospit deat	23A. SIGNATURE A CO	23 B. DATE SIGNED
	Slay & Cotton UM.D.	Attending Med. Stoff Dec 2, 1965
related a related by to a rela	23C. PHYSICIAN'S	23D. ADDRESS
was r was r An a prior	Dr. Alan E. Oestrich	M.D. 4940 Eastern Avenue Baltimore, Md. 21224
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State)
E TOO -	Burial 12/4/65 Holy Cross	Brooklyn, Md.
	254 DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
This the k show was dece	DEC 6 1965 O Que & Francisco	Ullrigh Funeral Home Dundalk, Md.
	VS 150-REV. 1/1/65) 1 0 9 9 3



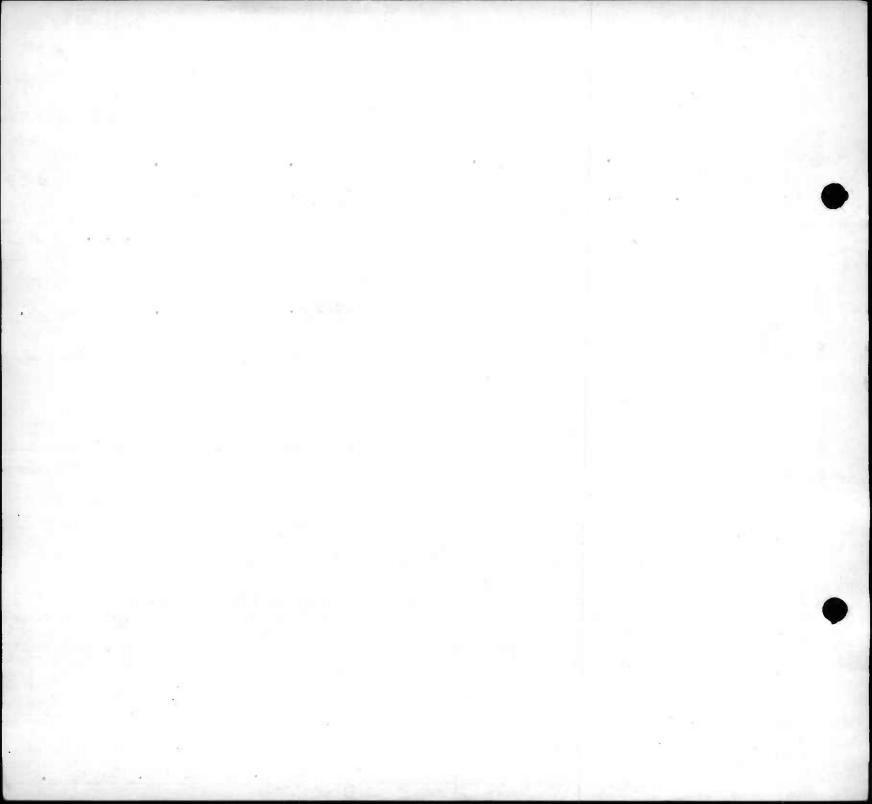
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th); and (6) No physician was in regular attendance on the deceased prior to death. Such	st be obtained before the remains are embalmed or final disposition is made.	
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	BALTIMORE CIT	TY HEALTH DEPARTMENT	CE 40000
BIRTH NO. 65 12383	CERTIFICA	ATE OF DEATH Registered No.	65 12383
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Gerome	F. Cortese	Dec. 5, 1965.	2 9 Mb
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission
FULL NAME OF (If not in hospital or inst	itution, give street	Md.	26-03
HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write Battimore	
11 Union Memore	al Hospital	D. STREET ADDRESS (If rurol, give location)	1
49	•	3509 Erdman	Ave.
Male White W	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	Dec 25,1906 9. AGE (In years lost binhday) 58	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, K done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTI		12. CITIZEN OF WHAT COUNTRY?
Cashier, Opt Moto	r Vehicles	Baltimore, Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Antonino L. Cortese		Mathilda Bagnasco	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	216-10-77	34 Mrs. Blanche (ortese	same
18. 420,11	CAUSE		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	ornay Heartlein	es 6 my
(This does not mean the mode of dying		A STATE OF THE STA	
heoil failuie, asthenia, etc. It means the d injuiy ai camplicotian which coused deoth		(0)	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if ony,		and Constilling	1 Kay
underlying condition last.	g ine (C)		
OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO THE		
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORME		IN CERTIFYING CA	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		in or obout 21 C. WHERE DTD (If in Boltimore office bldg., INJURY OCCUR?	e City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou	11) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work At Wo		
22. I certify that (I) (this hospital) alte		1005 in All	of salvery 6
that (1) (we) lost sow the deceased all	/	2 19 \$ ond that in (my) (our) opi	nian death accurred on the dat
ond hour and from the couses stated at			
23A. SIGNATURE		,	238, DATE SIGNED
7 an Run is	M.D. A	ttending Med. Stoff Phys.	19.6-25
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1/4
An Freed Akmin	· Son M.E	. POONMUCK De	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C	REMATORY 1 24D. LOCATION (C	ity, town, or county) (Stote)
Burial 12/10/65	Holy Redeem	er Cemetery Baltimore, 1	Maruland
25A. DATE REC'D BY HEALTH DEPT. 25B. 1	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 7 1965 OR Q	RELOT E. Standey MA	Legnard J. Ruck Inc.	Balto. Md. 2121
VS 150-REV. 1/1/65			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

OF 40004 BALTIMORE CIT	TY HEALTH DEPARTMENT	CE 42384
BIRTH NO. 65 12384 CERTIFICA	ATE OF DEATH Res	gistered No. 65 12384
M.E. CASE NO. I, NAME OF DECEASED	2. DATE AND HOU	JR OF DEATH
Arthur Helster Gould	December	2. 5, 1965 /0. 45 A. seed lived. If institution: residence before admissi
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deced	used lived. If institution: residence before admiss
FULL NAME OF (If not in haspital ar institution, give street		Anton V
HOSPITAL OR address or location)	C. CITY OR TOWN (If autside cit	y limits, write RURAL and give (pwnship)
	Baltimore	
A) coci w politimono ot		ve lacation)
2261 W. Baltimore St.	2261 W. Baltin	nore St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Married	B. DATE OF BIRTH 9. AGE lost birt 10/22/98	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLA CE (State or fareign cour	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Laborer	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 8 2 4 4 4
David Gould	Alice	
15. Was Deceased Ever in U. S. Armed Facces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, na ar unknown) (If yes, give war ar dates of service) SECURITY NO.		
		2261 W. Baltimore St
10/1	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Para and	C1 - 0
(This does not mean the made of dying, e.g., DUE TO	Carcinoma of	stomach unknown
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	0	
DUE TO		s de acres e com de a a mensión e com a mensión e de a minida de aria a delicita de en a de en a de acres delicitad de en en de de a de de de acres delicitad de en en de de a de de de acres delicitad de en en de
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
UNDERLYING CONDITION last.	· · · · · · · · · · · · · · · · · · ·	00000000000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
DISEASE OR CONDITION CAUSING IT.	120 A A11 = 0.040 (V - A1 V - 0.05)	LE VES MUEDE EINIGHT CO.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 121B, PLACE OF INJURY (e.g.	ZUA. AUTOPSY? (Yes of No) 20B,	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
W 21A ACCIDENT WAS UNDERLYING 1218 PLACE OF INTURY	, in ar about 21 C. WHERE DID	(If in Baltimare City, give exact tacation)
OR CONTRIBUTING CAUSE OF home, form, factory, street,	office bldg., INJURY OCCUR?	on an Summure City, give exact laconati
21 D. TIME (Month) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY While At Not W	21 F. HOW DID INJURY O	CCUR?
(APPROX.) While At Not W		
22. I certify that (I) (this hospital) attended the deceased from	Ortober 4 1965	to December 19 6.
11	12	
	-accompany - accompany - accompany	my) (aur) apinian death accurred an the
and haur and from the causes stated abave. (1) (We) (did) (did nat)	view the body after death.	Jan Britania
23A. SIGNATURE RAPORTO B. ALMANDA	ttending Med. Staff	23 B. DATE SIGNED
	hys. Director Phys. L	Lec 0,8,
PAGE (Type) ROYSTON B. SCOTT M.	23D. ADDRESS 1801 W Ball	temore St
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATIO	ON (City, town, or county) (Stat
Burial 12/9/65 Baltimone Na	Dolls	
Burial 12/9/65 Baltimore Na	tional Balti	more, Maryland
DHA A MAN A		
DEC 6 1965 P.O. A. S. J. O. M.	OHAT IOS A. KI	ce 661 W. Barre St.



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INSTITUTION BALTIMORE CITY HOSPITALS

4940 Eastern Avenue

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Also,

M.E. CASE NO. INAME OF DECEASED (Type or Print)

FULL NAME OF

HOSPITAL OR

(If not in hospital or institution, give street

Baltimore, Maryland #21224

2. DATE AND HOUR OF DEATH 20

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)

BALTIMORE
D. STREET ADDRESS

(If rural, give location) 4940 Eastern Avenue-

#21224 Baltimore, Md.

5. SEX

6. RACE

7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 5-20-1887

MARYLAND

9. AGE (In years

If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.

Widowed 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME

4. MOTHER'S MAIDEN NAME

CAUSE OF DEATH

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dotes of service)

6. SOCIAL SECURITY NO. 17. INFORMANT

RECORDS-BCH-4940 Eastern

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last,

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner)

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? etc.)

(If in Boltimore City, give exact location)

OF INJURY (APPROX.)

(Month) (Doy) (Year)

21E, INJURY OCCURRED Not While While At Work At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (1) (this haspital) ottended the deceased from...

19 60 to.

23 B. DATE SIGNED

tho (1) (we) lost sow the deceased olive on NOY :

...and that in my) (our) opinion death occurred on the date

ond hour ond from the couses stated obove((1)(We)(did)(did not) view the body ofter deoth. 23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type

Attending M.D Phys. 23D. ADDRESS

Med. Stoff Director Phys.

24A BURIAL CREMATION, 24B. REMOVAL (Specify)

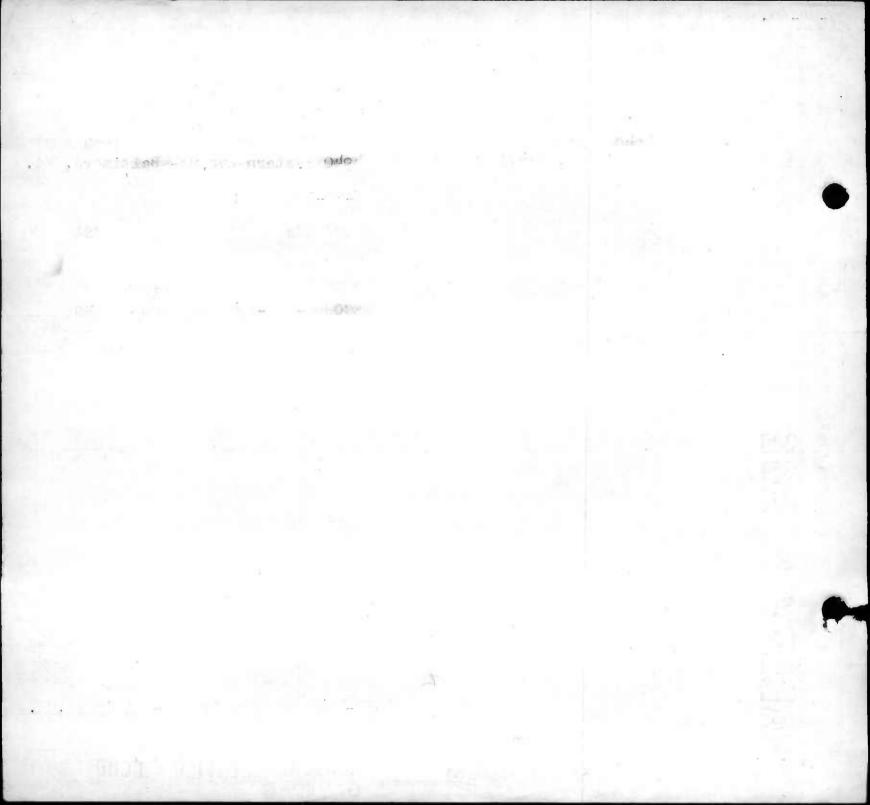
Eastern Avenue Bh timore, Md

25B. NAME OF REGISTRAR

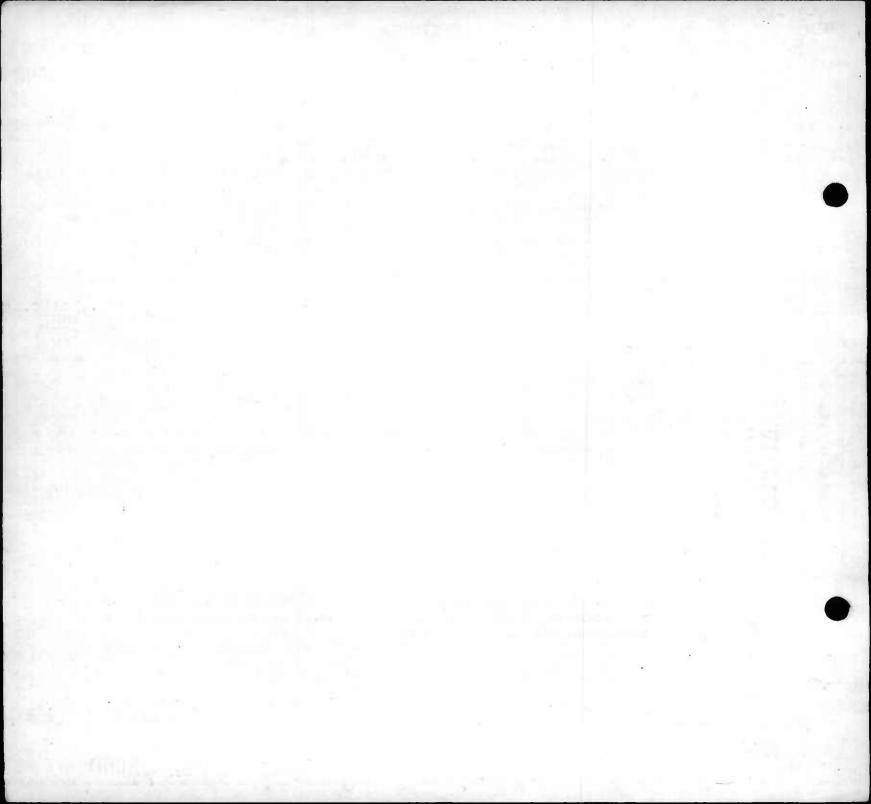
FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/65

to the hospital approved the body was released



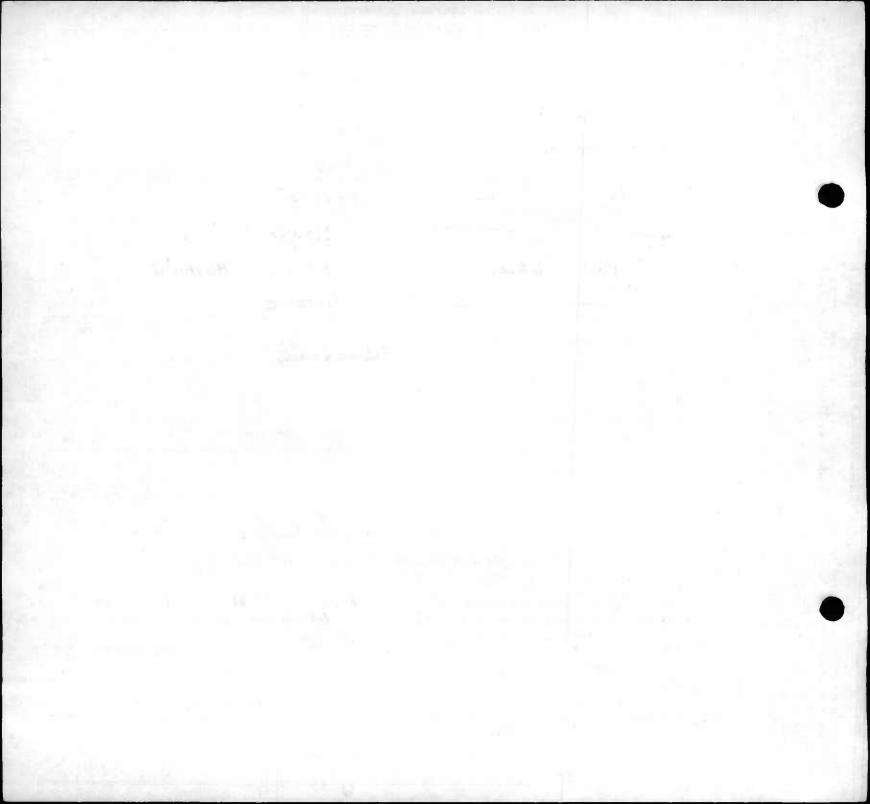
1		200	BALTIMORE CITY	HEALTH DEPARTM	ENT_ /	65 12386
BIRTH NO.	65 12	386	CERTIFICA	TE OF DEA	TH Registered N	10. 1.COOO
M.E. CASE NO. 1. NAME OF DE (Type or Print)	EUBANK,	Richar	ed .	2. 0	PATE AND HOUR OF DEA	400A
FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospital a oddress or location	or institution, of RE CITY	give street T HOSPITALS	A. USUAL RESIDENTA, STATE MARYLAND C. CITY OR TOWN BALTIMOF D. STREET ADDRESS	BALTIMOR	If institution: residence before admission E ite RURAL and give township)
01	Baltimor			010000		
5. SEX MALE		7. MARRIED, WIDOWED	NEVER MARRIED D. DIVORCED (specify) LPARATED	8. DATE OF BIRTH 7/12/15	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NA	AME			14. MOTHER'S MAIL	EN NAME	- 44
15. Was Decease (Yes, no or unknov	od Ever in U. S. Armed Ford vn) (If yes, give wor or dote:	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT RECORDS:	BCH 4940 Eas	ADDRESS Stern Ave., Balto
DISEASES rise Io I UN DERLYIN	a, osthenio, etc. It meons omplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION lost.	deoth.) ony, giving stoting the				
DISEASE OF	R CONDITION CAUSING I	T. DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Y	es of No. 208, IF YES, WE YES IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCID	ENT WAS UNDERLYING DUTING CAUSE OF	218, hom	PLACE OF INJURY (e.g., in e, form, foctory, street, of	n or obout 21 C. WHER	E DID (If in Bolti	more City, give exact location
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		INJURY OCCURRED Ile At Not While At Work	e	DID INJURY OCCUR?	
	y that (1) (shis hospital		1// 20			apinian death accurred an the de
	nd from the causes state	CUTTS	Cetts M.D. Atte	ending Med.	Stoff And	238. DATE SIGNED 11/20/65 Balitimore, Md. 21

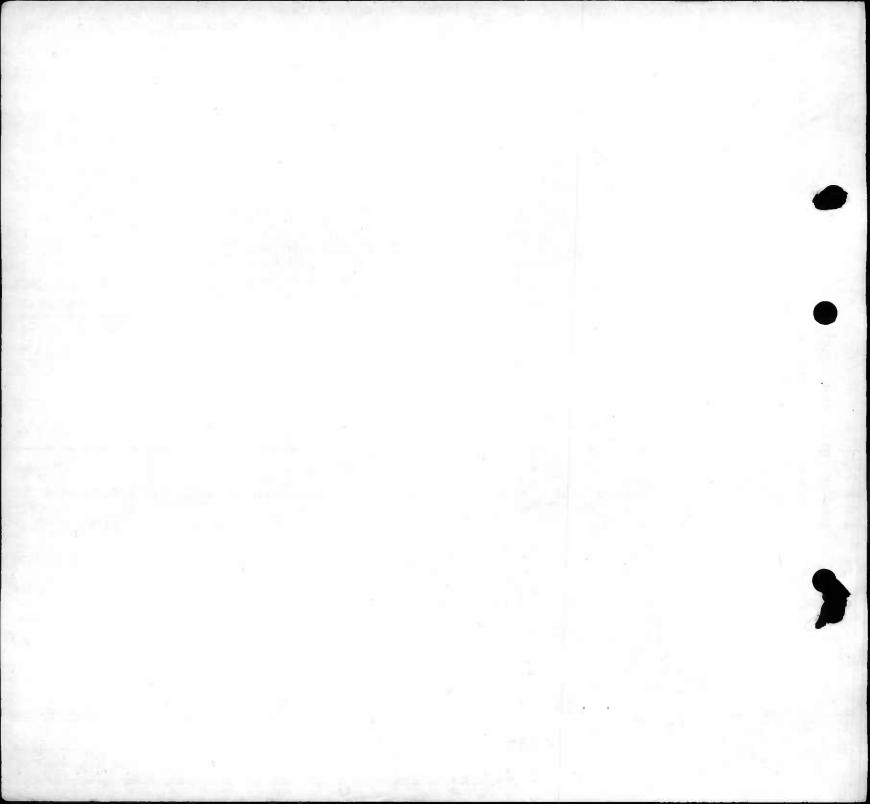


FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	78418		BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRT	тн но. 49 65 1238	7	CERTIFICA	TE OF DEATH	Registered No	·65 12387
	E CASE NO.				ND HOUR OF DEAT	OO THOO.
Ту	pe or Print) BABY GIR	RL W	ELLS	11-1	3 65	1 9:28 PM
. 1	PLACE OF DEATH IN BALTIMORE, MA		- 003	4. USUAL RESIDENCE (Who	Bre deceased lived. If	jnstitution: residence before admission)
	FULL NAME OF (If not in hospital	or institution	arua ekani	Show to St	Lactioners 100	and ?
	HOSPITAL OR address or location		give sheet	C. CITY OR TOWN (If or		e RURAL ond give township)
	,			Baltimore		53-00
Ľ	SINA 1 HOSP ITAL			1 1	turol, give location)	
7					Aman R	
	E 6. RACE		D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	LUSUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Off	e doring most of working the, even it remed,			Marylas	d	USA
3.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	RICHARD	WELLS		YETTIE	HO HO	RST
5.	Was Deceased Ever in U. S. Armed Fores, no or unknown) (If yes, give wor or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	.,, -	ADDRESS
0	or or outling in yes, give wor or dole	01 3014166/	JECORITI NO.	MOTHER		SAME
-	18.777/		CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY	2			ONSET AND DEATH
	LEADING TO DEATH		(4)	umat unity		
	(This does not mean the made al		DUE TO	and the color of the same of the same of the same of the same of	*****************	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
	heart failure, asthenia, etc. It means injury or camplication which caused					
	ANTECEDENT CAUSES		(B)			
	DISEASES OR CONDITIONS, If	any, giving	00110			
	rise to the above cause (A) UNDERLYING CONDITION (as).	stating the	(C)			
	ONDERLYING CONDITION lost,					
Z.	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTIN	G			
ATION	TO THE DEATH BUT NOT RELA	TED TO TH				
U	19A DATE OF OPERATION 119B. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WEI	RE FINDINGS CONSIDERED
ERTIFI	WAS PERF	FORMED		ges	IN CERTIFIED	CAUSES OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B	PLACE OF INJURY (e.g., in	or about 210. WHERE DID	(If in Boltin	nore City, give exoct locotion)
CAL	DEATH (notify medical examiner)	etc.				
Ē	21 D. TIME (Month) (Doy) (Year) OF INJURY	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
ξ	(APPROX.)	Wh	ile At Not While			
	22. I certify that (1) (this hospital				1965 to	11 - 13 19 65
	that (1) (we) lost saw the decease					
						printed on the dot
	ond hour and from the couses stat	ed obove. (v (for bib) (bib) (we)	iew the body ofter death.		
	23A. SIGNATURE	1 1	AA D. Atte	nding Med.	Stoff .	23B, DATE SIGNED
	Meri	of mp	. Phy	s. Director	Stoff Phy s.	11-13-65
	23C. PHYSICIAN'S NAME (Type)	0		23D. ADDRESS		
	EDITA.	C. CR	CUZ AND.	INS WALDO	TO SAY (TAK)	HAND
24/	REMOVAL (Specify)	24C. N	AME of CEMETERY OF CHE	MATORY 24D.	LOCATION'	(City, town, or county) (Stote)
	DEC	3 1965	LINITYE	DSITY MEDIC	'AL SCHO	000
25/	A. DATE REC'D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C EUNERAL DIRECTO	tr one	ADDRESS
	DEC 6 1965 R. P. F.	18 Fa	BecHA	MUKIUAK	Y SERVI	CE - RCHR
75	150-REV. 1/1/65		5 5 6	1000		





the Such (5) Deceased uo eat ance COUSE ō (4) Undetermined cause; attend 10 prior 0 contributin occurred regular made deceased disposition in OF 50 O the 3 eath O kind; final attendance Ö any pronounced 0 Also, med of fracture embal medical examiner regula ho are 4 3 physician remains Was medical burns; physician the Body the chief the 0 before by 3 ere to the hospital 0 ×h nature; by obtained 9 approved (except and any of eath) hospital released must accident 0 2 written approval 0 prior Was at An eceased o the body shows: Ö

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BALTIMORE CITY HEALTH DEPARTMENT 65 12389 BIRTH NO. CERTIFICATE OF DEATH Registered Na/1 M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Vernon Cecil Sterling December 5, 1965 6:50 A. M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Virginia (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Wachapreague USPHS Hospital D. STREET ADDRESS (If rural, give lacation) Baltimore, Maryland 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Hours Nov. 20, 1893 Male White Married 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Virginia Coast Guard Retired 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Ida Powell John E. Sterling 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Records - USPHS Hospital, Baltimore, Md. Yes CG 1917 - 1947 225-40-4371 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Atrial fibrillation years (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) Arteriosclerotic cardiovascular vears ANTECEDENT CAUSES DUE TO disease DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 9-10-65 fibrillation Atrial 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) Work At Work August 30 December 5 19 65 to 22. I certify that (K (this hospital) attended the deceased from that N) (we) last saw the deceased alive an December 5 19 65 and that in (aur) apinion death accurred an the date and haur and from the causes stated above (We) (did) (***********) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending 12/5/65 Med. Stoff M.D Phys. Director HYSICIAN'S 23 D. ADDRESS NAME (Type) USPHS Hospital, Baltimore, Maryland Jerry L. Cates BURIAL CREMATION, 248. DATE 24D. LOCATION 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify 15/5/65 Removal Onancock. Nirginia

25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTO ADDRESS VS 150-REV. 1/1/65

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9-10-65

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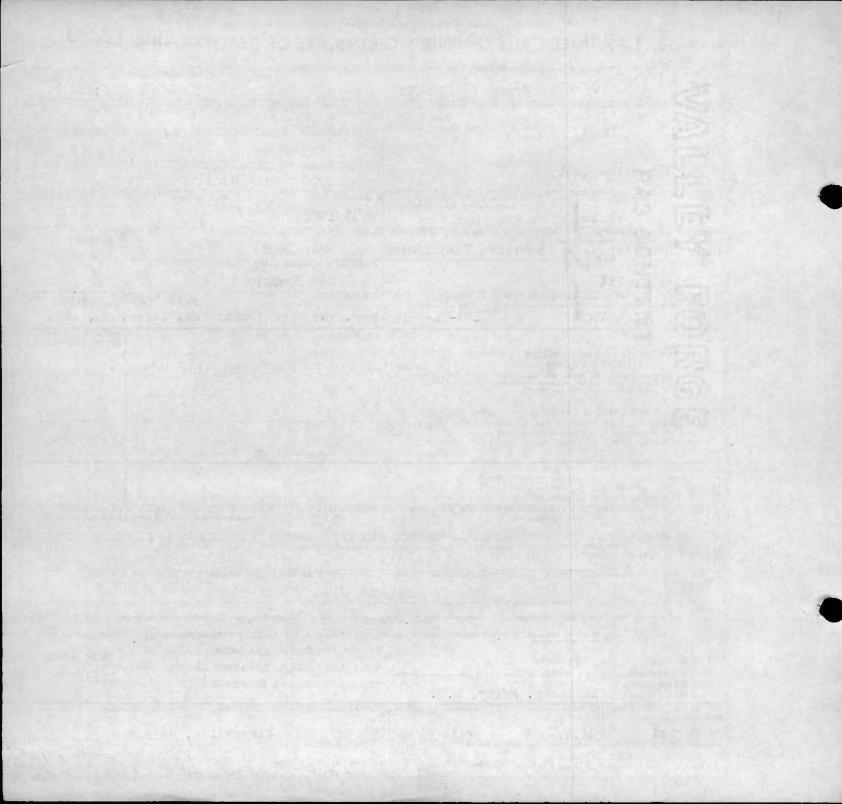
EALENSE.

USFYE Homesten, Belgimore, Juryland

Jorny L. Cabes

BIRTH NO.65 12390MEDICAL EXAMINER'S CERTIFICATE OF DEATH Register 65. 12390

M.I	CASE NO.										
	NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Type or Print)										
WELDON Frank TRUITT							December 4, 1965 2:43 P.				2:43 P. _M .
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						4. USUAL	RESIDENCE (Where	deceosed liv	B. COUN	ution: reside	ence before odmission)
E111	I NIAME OF	UE NOT	N HOCRITA	L OR INICTITE	TON CIVE STREET	A. 31A1E	Maryland		B. COUN		
HO	L NAME OF SPITAL OR TITUTION	ADDRESS	OR LOCA	HON)	THON, GIVE STREET	C. CITY	OR TOWN (If outsi	de corporote l	imits, write	RURAL one	d give township)
INS	ITUTION						Baltimore		11.	N	4
	St Agn	es Hosp	ital			D. STREET	ADDRESS (If ruro	I, give locotio	n) (C	\) 0
-	JE. Agii	es Hosp	Ital				3930 Roke	by Road			
5. S	EX	6. RACE		7. MARRIED.	NEVER MARRIED	8. DATE C			(In yeors	If Under	1 Yr. If Under 24 Hrs.
,	4-3-	777. ° 4.			DIVORCED (specify)	6/17	/1908	lost birth	ndoys		Doys Hours Min.
	Male	Whit			ried	1			57	10 00	
	during most of w		n if raticad)		BUSINESS OR INDUSTRY			gn country)		12. CITIZEN	COUNTRY?
	ode Inspe			America	n Totalisator		Maryland				
13.	FATHER'S NAM	E				14. MOTH	ER'S MAIDEN NAM	A E			
	Frank :	Truitt				U BUILDING	Ida Fowle	r			
15.	was DECEASEI	DEVER IN U.	S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORA	MANT		3930	NORE'S	y Road
1163	No	No.		or service	163-05-9538	Mrs.	Mae Bird '	Trui t.t.			
	1B.										INTERVAL BETWEEN
	42	2,/ 1			CAUSE	OF DEAT	н				ONSET AND DEATH
	DISEAS	E OR CONE	ITION DIE	RECTLY		-			1 5		
	(This does n	ot meen the		dvina e.a.	(A) Arteri	roscie	rotic Card	lovascu	ilar Di	sease	•
	heart failure,	osthenio, etc.	It meons	the discose,	DOE 10						
		NTECENDEN			(R)						
		OR CONDITI			DUE TO	*************	0 00.00.00.00.00.00.00.00.00				
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E	DISEASE OR	CONDITION	CAUSING	IT.							
CERTIFICATION	19A. DATE OF	OPERATION	19B. CONI		WHICH OPERATION	20A. AL	JTOPSY? IYes or No		WERE FINI		TLI2
	ex .						Yes				165
EDICAL	21 A. EXTERNAL UNDERLYING			21 B	PLACE OF INJURY (e.g., i form, foctory, street, o	ffice blda.	21C. WHERE DID	(If in Boltimo	re City, give	exoct loc	otion)
0	UTING CAU	SE OF DEATH	l.	etc.)		- 0,					
Σ	21D TIME	(Month) (D	oy) (Yeor)	IHour) 2	E. INJURY OCCURRED		21F. HOW DID INJ	URY OCCUR	?		
	OF INJURY (APPROX.)			V	HILE AT NOT	WHILE					
	22.			m. V	ORK AT W						
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	result	ed fram: N	atural cau	ses X A	ccident Suicide		lamicide	Undetermin	ed manner		
		-	-	7	- Contract			P			
	ACTUAL	(,)/	. (/-	/		EF MEDICAL E				DATE SIGNED
	SIGNATI		had	es de	the M.D.	ASSISTA	NT MEDICAL E	XAMINER	<u>X</u>		12/5/65
	EXAMIN		02100	C Dott	, M.D.	ASSOCIA	TE MEDICAL E	XAMINER			12/3/03
22 A	NAME (T	71					las P		100		10.11
	BURIAL CREA		B. DATE	230	C. NAME of CEMETERY o	CREMAT	23 D.	LOCATION	City, t	town, or co	ounty) Stote)
	Burial		12/7/1	965	Druid Ridge	Cemete	rv P	ikesvil	le. Ma	rv]and	d . /
244	DATE REC'D	BY HEALTH	DEPT.		OF REGISTRAR		FUNERAL DIRECTO			AJ	PRESS /
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	NEW 0	1000	in Chil	2,00	1	w	m.f. Vec	Bnes	+ Son	is ho	ret LPA
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was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such C

DEC 6 VS 150-REV. 1/1/65

Such

INAME OF DECEASED (Figure or Friend) (Figure			BALTIMORE CITY	HEALTH DEPARTMENT	
Invade of Deceases Viola B. Wells S. Place of Death IN BATIMORE, MARTLAND S. Decease Viola B.		O. J. Lido	CERTIFICA	TE OF DEATH Registered No.	65 12391
FULL NAME OF MASHIOLON DIRECTLY LEADING TO DEATH S. SEK S. RACE 7. MARRIED, NEVER MARRIED 1. DET OF DEATH 1. ACCIDENT WILD WILL SHOP 1. MOTHER SHAME 1. MOTHER	- 11	NAME OF DECEASED	Wells	1) /2//	11. 45 bis
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Baltimore 21218 D. STEET ADDRESS (If rurel, gove location) D. AGE (In years) Months Doys Houses Milk I. DATE OF BIRTH D. AGE (In years) Months Doys Houses Milk Months Doys Houses Milk Months Doys Houses Milk II. DEATH D. AGE (In years) III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LIKE JOSH D. AGE (In years) III. DISEASE OR CONDITION (AUSE OF DEATH) DISEASE OR CONDITION (AUSE OF DEATH) OTHER SIGNIFICANT CONDITIONS (In years) III. DISEASE OR CONDITION (AUSE OF DEATH) DISEASE OR CONDITION (AUSE OF		HOSPITAL OR oddress or location)	grve street		e RURAL and give township)
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The part of the pa	200	People I. Eagleston			
216-16-5726 Miss Gertrude Eagleston Baltimore, Md. 18 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow, ostenine, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION CAUSING II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT		5. Was Deceased Ever in U. S. Armed Forces Yes, no of Unknown ((If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT	1513 Upshire Rd.
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			1) (We) (did) (did not)	few the bady after death.	DATE SIGNED
23C. PHYSICIAN'S CODFREY S. GEH/ M.D. 23D. ADDRESS Course Course of Course		Tool my	Del M.D. Atte	ending Med. Stoff	12/2/00
M.D. Charles St. GET M.D.					40 70 11
		TO TO THE Y	S. GEH M.D.	Church 1	Coursel fort
		REMOVAL (Specify)			
Burial 12/7/1965 Lorraine Park Mausoleum Woodlawn, Maryland 125A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 1.7	0				ryland
DEC 6 1965 P. D. & & Fallen M. Mrnds Diskney Lens Balling, ing.				Wm. J. Dichner & Ser	Balton ind. 17

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VS 150-REV. 1/1/65

Registered No.65 12392 BALTIMORE CITY HEALTH DEPARTMENT 65 12392 BIRTH NO CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) HO 1, 1965 Edward C. Scott Dec. death. 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A, STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance A. STATE Maryland FULL NAME OF HOSPITAL OR INSTITUTION (Il not in hospital or institution, give street oddress or tocotion C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 10 Baltimore prior Lutheran Hosp. D. STREET ADDRESS (Il rurol, give location) 2316 W. Lanvale St. in regular or final disposition is mad 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yı. deceased Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy Male Widowed Negro 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country 12. CITIZEN OF done during most of working life, even if retired) Va. MOS the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME eath LO 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 216-01-1005 Mary Rei 339 W. Bloom St. O yes CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, regular injury or camplication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving rise to the above cause (A) stating the physician obtained before the remains UNDERLYING CONDITION last. physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ere 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Bottimore City, give exoct location) °Z DEATH (notify medical examiner) ¥ * MEDIC 21 D. TIME 9 (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an. 196 and that in (my) (aur) opinion death occurred on the date death) hospital must and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED M.D. Attending Med. Stoff 0 deceased prior to written approval Phys. Director Phy s. 0 23C. PHYSICIAN'S 23D. ADDRESS di NAME (Type) M.D O.A. 24A. BURIAL CREMATION, 248 DATE 4C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Ö 12/6/65 Burial Balto. Natl. Cem. Baltimore. Mas NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

II Under 24 His.

WHAT COUNTRY?

ADDRESS

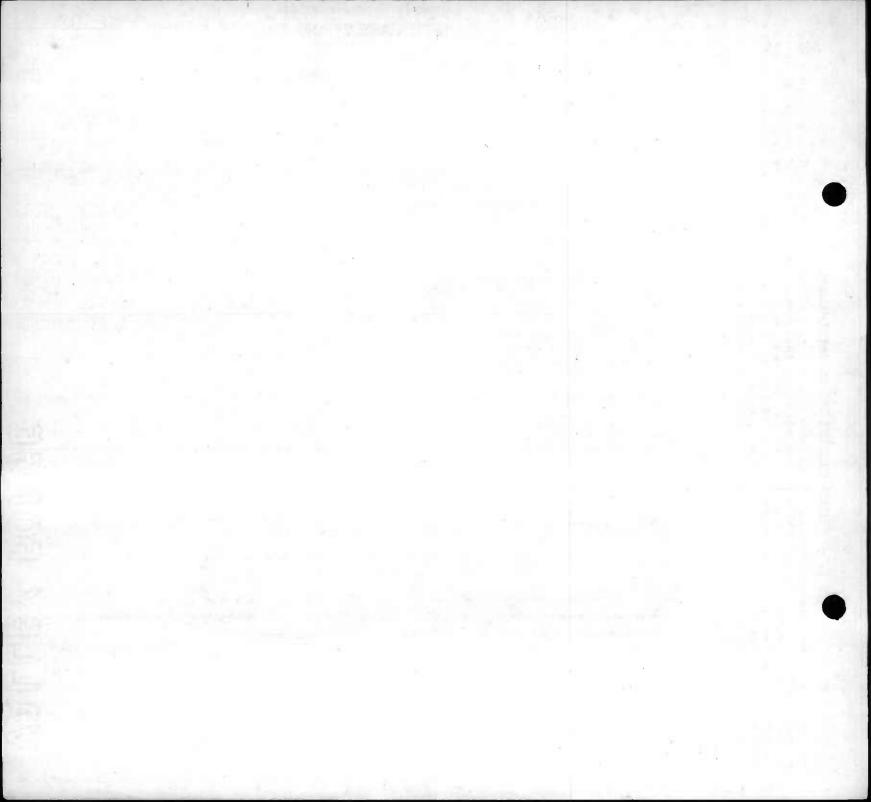
INTERVAL BETWEEN ONSET AND DEATH

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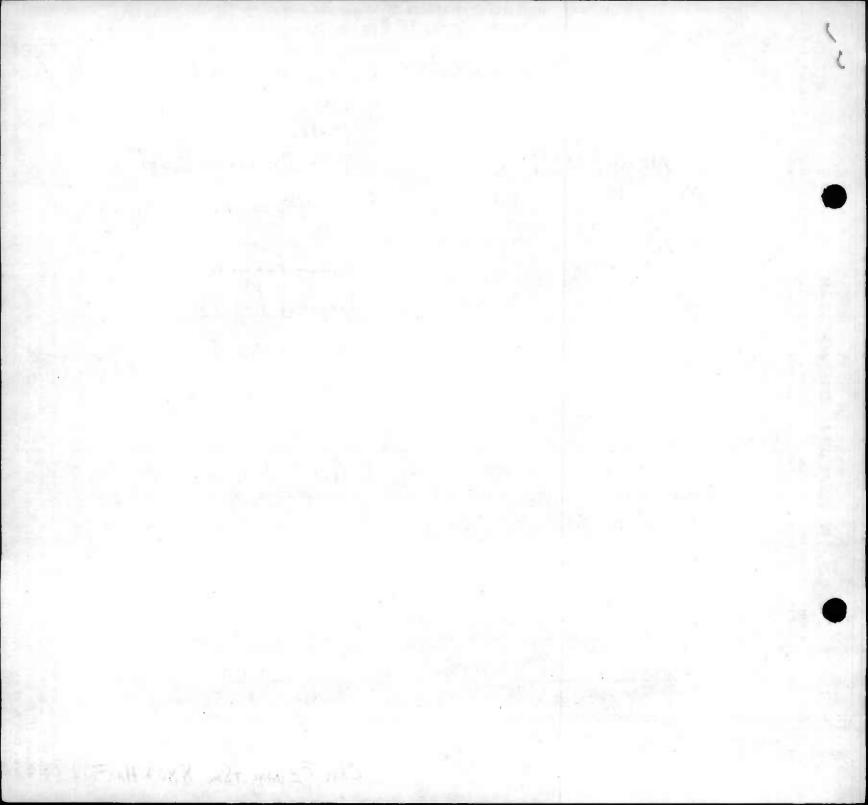
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61-08500 40000	BALTIMORE CITY	HEALTH DEPARTMENT	05 40000 6
BIRTH NO. DO LCOJO	CERTIFICA	TE OF DEATH Registered No.	65 12393 -
M.E. CASE NO. 1. NAME OF DECEASED	1 7	2, DATE AND HOUR OF DEATH	, 40
(Type or Print) BICKEL, K:	mberly	12-2-65	6 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	itution: residence before odmission
FULL NAME OF (If not in hospital or instit	ution, give street	Maryland (=	acco
INSTITUTION	1 1	Bal Smare	RAL and give township)
8 University of Me	1. HOSP	D. STREET ADDRESS (If rurol, give locotion)	1
50 Chiversity of		8136 Pleasant Plain	s Rd
S. SEX F 6. RACE 7. MA WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min,
10A, USUAL OCCUPATION (Give kind of work 10B, KII		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Maryland	USA.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Paul Bickel		Charolotte Regina Ci	sse
5, Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no -	none.	Chart (father)	above.
18.	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	.05	ionhageal varices	3
(This does not mean the mode of dying,		iophageal varices	
heart failure, asthenia, etc. It means the di- injury or complication which caused death.)		1 /	4
ANTECEDENT CAUSES	(B) V)	illiany Citrhosis	· yrs:
DISEASES OR CONDITIONS, if any,		ongenital intrahepatic bilio	when life
rise to the obove couse (A) stoling UNDERLYING CONDITION lost,	(C)	Myenta Myrengase sino	organizated time
_ = = = = = = = = = = = = = = = = = = =			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			A STREET
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIL	NDINGS CONSIDERED
198. CONDITION WAS PERFORMEN		NO IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or obout 21 C. WHERE DID (If in Boltimore fine bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner)	etc.)		
21D. TIME (Month) (Doy) (Year) (Hour	While At Not While	21F. HOW DID INJURY OCCUR?	
(APPROL)	Work At Work	1 1 5/00 11	2210
22. I certify that (1) (this hospital) atter		5 0 19 6 10	4-6-63-19
that (1)(we) lost sow the deceased aliv	e on (2-2-62)	and that in my (our) opini	on deoth occurred on the do
ond hour and from the couses stated abo	ove. (I) We did (did not)	view the body ofter death.	
23A. SIGNATURE	, Au		23B. DATE SIGNED
Mitchell Solden	Phy		12-2-65.
23C. PHYSICIAN'S NAME (Type) ROBERT YIM MD.	I De la companya della companya della companya de la companya della companya dell	23D. ADDRESS	
MILLETT SCHOOL IND	M.D.	university Hospital	
REMOVAL (Specify	24C.NAME of CEMETERY OF CR	EMATORY 24D. HOCATION (City	, town, or county) (Stote)
Duna 17/6/65	Mulland	Jallo 1	1 ADDRESS
DEC 6 1965 P. J. 65 8	AME OF REGISTRAR	25C. JUNERAL DIRECTOR	7. Fresh- 100
VS 150-REV. 1/1/65	7650	The security of	, Judgodin &



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	65 12394 BALTIMORE CITY	HEALTH DEPARTMENT	
BIRT	TH NO. DO LEGIS CERTIFICA	TE OF DEATH Regist	ered No. 65 19304
	E. CASE NO.	2. DATE AND HOUR O	DE DEATH
(Ту	Shelley G ROBERTSON	12-1-6	5 7:55 B.
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	lived. Il institution: residence before admission
1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city lin	nits, write RURAL and give township)
	NSTITUTION	Balto	ans, while April one give township)
2	MERCY HOSP.	D. STREET ADDRESS (If rurol, give lo	//
5. 5	74111	B. DATE OF BIRTH 19. AGE (In	
	MIDOWED, DIVORCED (specily) WIDOWER	DEC 28, 1965 PM	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY o during most of working life, even it refired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	CAPINA (REL) LUG BOATS	14. MOTHER'S MAIDEN NAME	USH.
	John Robertson	SUSAN FOXWELL	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (II yes, give war or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO - 055-16-9171	HOSPILA RECOR	cus
	18. 6 8 / O I CAUSE OF	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	mer tailure	1
	(This does not meen the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It meens the disease,		(a) marill
	injury ar camplicotian which coused death.)	inhois Tim	(1) Chans
	DISEASES OR CONDITIONS, if any, giving		
	rise to the above couse (A) stoling the (C)		
	UNDERLYING CONDITION lost.		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE MACHINE DISEASE OR CONDITION CAUSING IT.	hilm stehrd	inti
CERTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes No) 298. IF Y	FYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in off contributing CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, off etc.)	n or obout 21 C. WHERE DID (II fice bldg., INJURY OCCUR?	in Bolfimore City, give exoct location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCU	R?
8	(APPROX.) While At Not While At Work		
	22. I certify that (I) (this haspital) attended the deceased fram	1-28 1965 1	12-11965
	that (1) (we) last saw the deceased alive an	19 and that in (my)	(aur) apinian death accurred an the dat
	and haur and fram the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.	
	23A. SIGNATURE Manauhi J.M.D. Alle Phys	nding Med. Stoll Director Phys.	23B. DATE SIGNED
	NAME (Type) RUDERTO MANANKII M.D.	Myly XX	nelal
244	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D./LOCATION	(City, town, or county) (State)
	BURIAL 12-4-45 NEW CATHEUR	CALLEM BUKO	MO
25A	DEC 6 1965 P. D. AZERNAME PRIEGRAM	25C. FUNERAL DIRECTOR	ADDRESS O. I
Ve	150-REV. 1/1/65	CAAS 1. ENANG TIM	8802 HANFORD RX
4.2	130-KE V. 17 17 03	1 1 1 1 1 1	



			BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. M.E. CASE NO.	65 1238	35	CERTIFICA	TE OF DEATH	Registered No.	5 12395		
1. NAME OF DECEAS	ED AA	0 01		2. DATE AND	HOUR OF DEATH	1.110		
1-	M C3MH	Coch	12	12	-/(/65	1 (-1)		
3. PLACE OF DEATH	IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Where d	edeosed lived. If Institu	ution: residence before admission		
FULL NAME OF	(If not in hospital or		ve stieet	MARYLLAND 2 / 13				
HOSPITAL OR	oddress or location)			C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
LINITION	MEMOR	1111	Joep	D. STREET ADDRESS (If rural, give location)				
11/2	DOCCOULDIC	111	1031	SOIR FAILS RD TERRALE				
5. SEX 6. 1	RACE 7	MARRIED, I	NEVER MARRIED	B. DATE OF BIRTH 19.	AGE (In years	f Under 1 Yr., If Under 24 Hrs		
MALE	WHITE	WIDOWED,	DIVORCED (specify)	D 2.11-86 lost	birth day N	Nanths Days Hours Min.		
10A. USUAL OCCUPA		08. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	country) 1	2. CITIZEN OF WHAT COUNTRY?		
(90) F	Ro	SPO	2275	MARRIGANO		USA		
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
JANUES	ROCHE			CATUERING MECABE				
15. Was Deceased Eve	in U. S. Armed Force	es?	6. SOCIAL	17. INFORMANT ADDRESS				
(Yes, no ar unknown) (If	yes, give was as dates	of service)	SECURITY NO.	MISS CATHEM	UNE BOOM	AK S		
18. 2	. 0 1		CAUSE O	F DEATH		INTERVAL BETWEEN		
	OR CONDITION DIRE	CTLY	tin	14 1 11 1 1 2 1 2 2 2	ONSET AND DEATH			
	ADING TO DEATH meon the mode of		(A) (NE	etastatic les	ous	& months		
heoit failuie, ast								
	cation which caused a	Sarcound	Smonthe					
	ECEDENT CAUSES		DUE TO					
	CONDITIONS, if o		(C)					
UNDERLYING C	ONDITION lost.							
Z OTHER SHOWER	11	ALITRIBUITING						
OTHER SIGNIFICATION THE DEAT	ANT CONDITIONS CO	ED TO THE						
OTHER SIGNIFIC. TO THE DEAT DISEASE OR CO 19A. DATE OF OP		ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIN	DINGS CONSIDERED		
ATT (2)	WAS PERFO	DRMED		NO "	N CERTIFYING CAUSE	S OF DEATH?		
U 21A. ACCIDENT	WAS UNDERLYING	218. 6	PLACE OF INJURY (e.g., i	fice bldg., INJURY OCCUR?	(II in Boltimore C	ity, give exact location)		
DEATH (notily me		etc.)	, turn, rociory, siree, o	ince blogs, indiak, occok.				
_	lonth) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?			
(APPROX)		While		e 🗌 ,				
22. I certify the	t+f1) (this hospital)		deceased fram	11 6 19	65 in 12	11 6 19		
	st saw the deceased	i	15 Fm 12		in (my) (aur) apinia	in death accurred on the da		
			(We) (did) (didument)	iew the body ofter deoth.		m dodin deconed on me da		
23A. SIGNATURE		4.5	(110) (111) (111)	Tow the body offer doons	23	B. DATE SIGNED		
YAN	NITT	10-	M.D. Atte	ending Med. Sto S. Director Phy	ff.	12/1/65		
23C. PHYSICIAN'S	1001000	The state of the s		23,D. ADDRESS	3. 23-	1,100		
DR R	. WHITLOCK		M.D.	Union his.	10	1415		
24A. BURIAL CREMA	TPON, 248. DATE		ME of CEMETERY OF CRI	MATORY 24D. LQC	ATION (City,	town, or county) (State)		
BLASVAL (Spec	17-4-1.	1 100	Reporte	R	. / ///	MD		
25A DATE REC'D RY	HEALTH DEPT.	DER NAME OF	UID TID GILLE	25C FUNERAL DIRECTOR	1/20 40	Abnosss		

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance or deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Such

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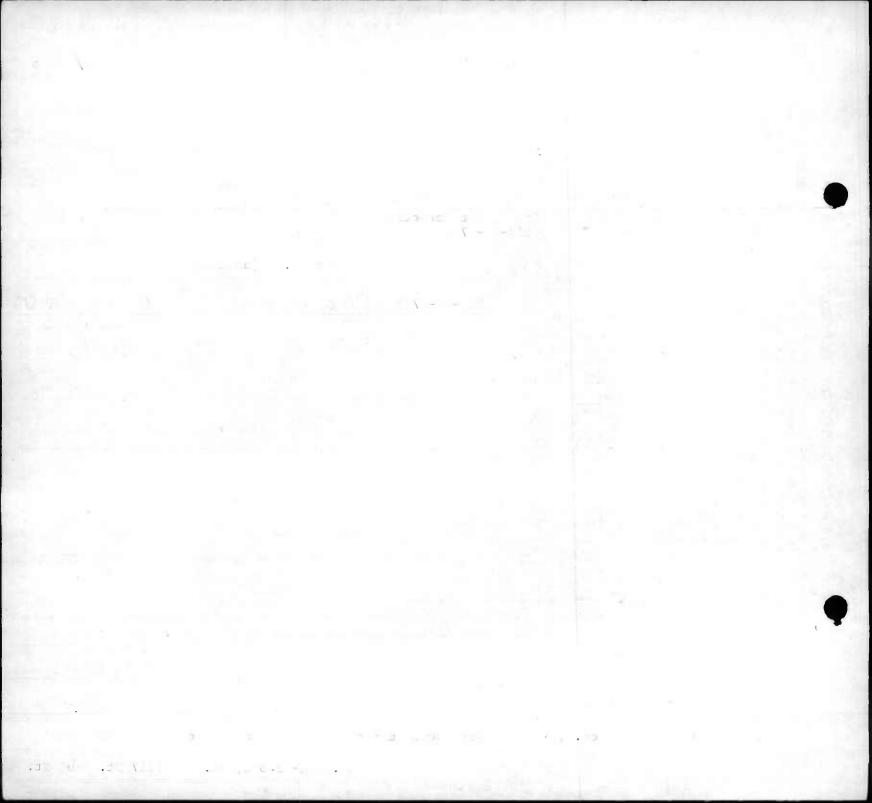
DEC VS 150-REV. 1/1/65

1965 0 8807 HARTORU RP

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

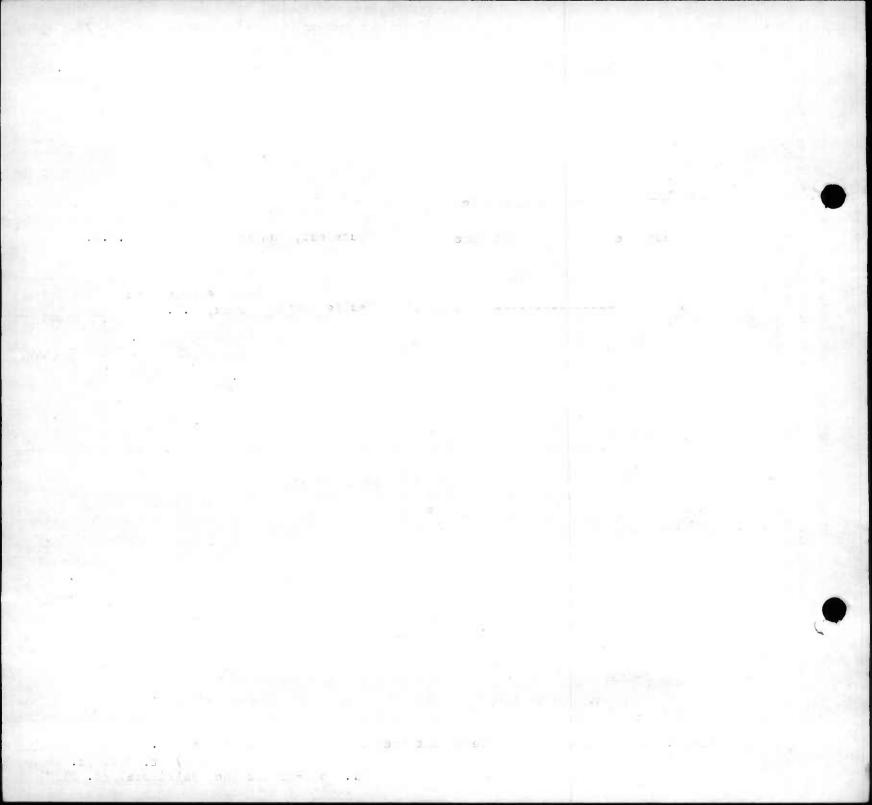
BALTIMORE CITY HEALTH DEPARTMEN

BIRT	н но. 65 12396	CERTIFICATE		Registered No.	5 1990c					
1, N	CASE NO. AME OF DECEASED O O' Print) EThel H. U	Victor	2. DATE AND	Dec- 63	11:300					
F	ULL NAME OF (If not in hospital or institution, give oddress or location)	street	A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND O O O O O O O O O O O O O							
	ARKLAND GENERAL		C. CITY OR TOWN (If outside city limits, write RURAL and give township) BAT MORE D. STREET ADDRESS (If rural, give location)							
5. 5	EX 6. RACE 7. MARRIED, NI WIDOWED, I		TE OF BIRTH	. AGE (In yeors	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.					
don	USUAL OCCUPATION (Give kind of work 108, KIND OF BL during most of working lite, even if refired) Law Offi 213-20-	ce Secretary 0728	BAHIMORE)	MARYLAND	12. CITIZEN OF WHAT COUNTRY?					
	WILLIAM WYSHAM Vas Deceased Ever in U. S. Armed Forces? 116		Anna B. ((unknown)	ADDRESS					
(Yes	no or unknown) (II yes, give wor or dates of service)	SECURITY NO.	1/2. W Con/	rad	15-1 W. LAWAle ST					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury or complication which coused death.)	Months								
ATION	ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast. (C) UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE OF home,	CH OPERATION 20. ACE OF INJURY(e.g., in or obtorm, foctory, street, office bloom,	DA. AUTOPSY? (Yes or No) bout 21C. WHERE DID ldg., INJURY OCCUR?		NDINGS CONSIDERED LES OF DEATH? City, give exoct locotion)					
	DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. IN While Work	JURY OCCURRED At Not While At Work	21F. HOW DID INJU	RY OCCUR?	8 793					
	22. I certify that (M) (this haspital) attended the deceased from 28 to 19 65 to 19 65 that (M) (we) last saw the deceased alive on 19 65 and that in (m) (aur) opinion deoth occurred an the do and haur ond from the couses stated above. (M) (We) (did) (did not) view the bady ofter deoth.									
	23A. SIGNATURE J. C. Culls	MDM.D. Attending [Phys.	Med. S	Stoff by s.	1 - Doc 45					
	23C. PHYSICIAN'S NAME (Type) T. C. Cullis	M.D.	MARYLA)	ud GENE	RAI HOSPITAL					
24A	REMOVAL (Specify)	eenmount Cemete		CATION (City,	Maryland					
	DEC 6 1965 R. D. 258. NAME OF		Wm . Cook - Brook	s,Inc.	ADDRESS 1217 St. Paul St.					
VS	50-REV. 1/1/65	₩ 1.5 W	. 00 8							



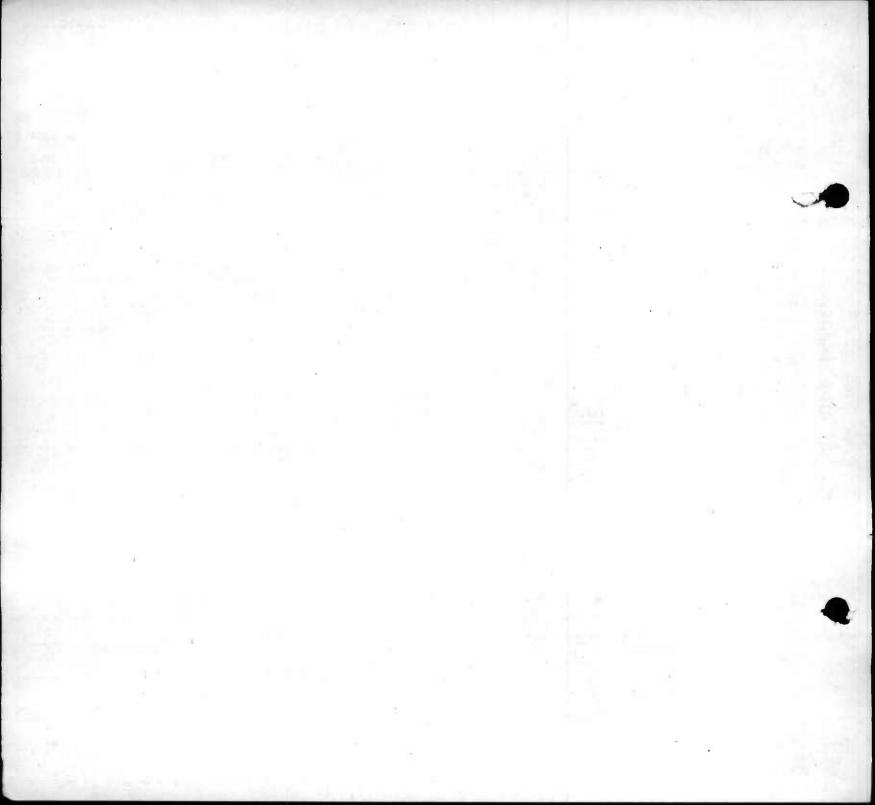
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	approved by the chief medical examiner or his assistant if death occurred in a hospital and	2	if any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased $^<$	9	든	
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	US	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the 🤇	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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	0	PC	10	0.0	156	-
	0	م	3	10	90	++
	Pis.	16	10	0	90	il.
	This certificate must be a	+	S	3	D	3

			HEALTH DEPARTMENT	14	- 1000m
BIRTH NO. 65	12397	CERTIFICA	TE OF DEATH	Registered No	5 12397
1. NAME OF DECEASED			2, DATE	AND HOUR OF DEATH	4
(Type or Print)	ISELLA TORZ	7.5	12	2-4-65	12.40PA
3. PLACE OF DEATH IN BA				here deceased lived. If	institution: residence before admission
HOSPITAL OR od	not in hospital or instituti dress ar locotion)	ion, give street	NEW YORK		RURAL and give township)
INSTITUTION			BRONX		
33 THE JOI	HNS HOPKINS	6 HOSPITAL		(If rurol, give location)	
5. SEX 6. RACE	7 44 400	SED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
FEMALE WH	ITF WIDO	WED, DIVORCED (specify)	8-14-99	lost birthdoy) 66	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
ióà, USUAL OCCUPATION (done during most of warking life	Give kind of work 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Ow	n Home	Butapest, Hu		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	YAME	
ADOLPH	TRAUBNER		JOHANNA KE	RAKAUER	
15. Was Deceased Ever in U	. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	2835 Sedgwi	Ck AVA
No -		- Unknown	Leslie Torzs	Bronx, N.Y	
18. 17/	1	CAUSE O		Brona, Ner	INTERVAL BETWEEN
DISEASE OR CO	NOTION DIRECTLY	,	0 . 0	0.	ONSET AND DEATH
	TO DEATH	lelid	I herellan	in ions of the	1952-mesent
	the mode of dying,		The contract of	mome of the	
injury or complication	elc. It means the dise which caused death.)	ase,	6	Conny	
	ENT CAUSES	(B)			
	DITIONS, if any, give	DUE TO			
	cause (A) stating				
UNDERLYING COND	TION last.				
_	11	4			
	CONDITIONS CONTRIBU	THE LA MA	curanition		
	ON CAUSING IT.		20A. AUTOPSY? (Yes or	N-1 200 IF YES IVER	E FINDINGS CONSIDERED
May 2 1552	WAS PERFORMED	or which operation	Yes	IN CERTIFYING C	AUSES OF DEATH?
OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bidg., INJURY OCCUR	(If in Boltimo	ore City, give exoct locotion)
U					
W OF INTITION	(Doy) (Year) (Hour)	21E. INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)		While At Not While Work At Work	e		
22. I certify that (I)	this bosnital) attend	ed the deceased from	12-1	19 Cu to	12 - 4 1965
	the deceased alive	19 11			pinian death occurred an the dat
					printed death occurred on the aut
	e couses stated abov	e.(1)(We) (did) (did not) v	iew the body after deat	th.	Land DARK SIGNIFO
23A. SIGNATURE		AA D A44	andino — Mad —	Stoff M	23 B. DATE SIGNED
/ /kshe	n Drangs	M.D. Atte	s. Med. Director	Phy s.	12-4-65
23C. PHYSICIAN'S NAME (Type)	/.		23D. ADDRESS		
	PHEN /KI	PANZ M.D.	VOHNS H	OPKINS HOSP	ITAL.
24A. BURIAL CREMATION, REMOVAL (Specify)		C. NAME OF CEMETERY OF CR	EMATORY 24D	LOCATION (City, town, or county) (State)
Cremation	12/4/65	Greenmount Cres	matory	Baltimore,	Md.
25A. DATE REC'D BY HEAL	TH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECT	TOR 1217	St. Paul St.
DEC 6 1965	PO 10 3	A BOURS O	Wm. Cook-Bro		timore, Md. 21202
VS 150-REV. 1/1/65	Vigital View		UU	Q But	1 22-4 10-20-20



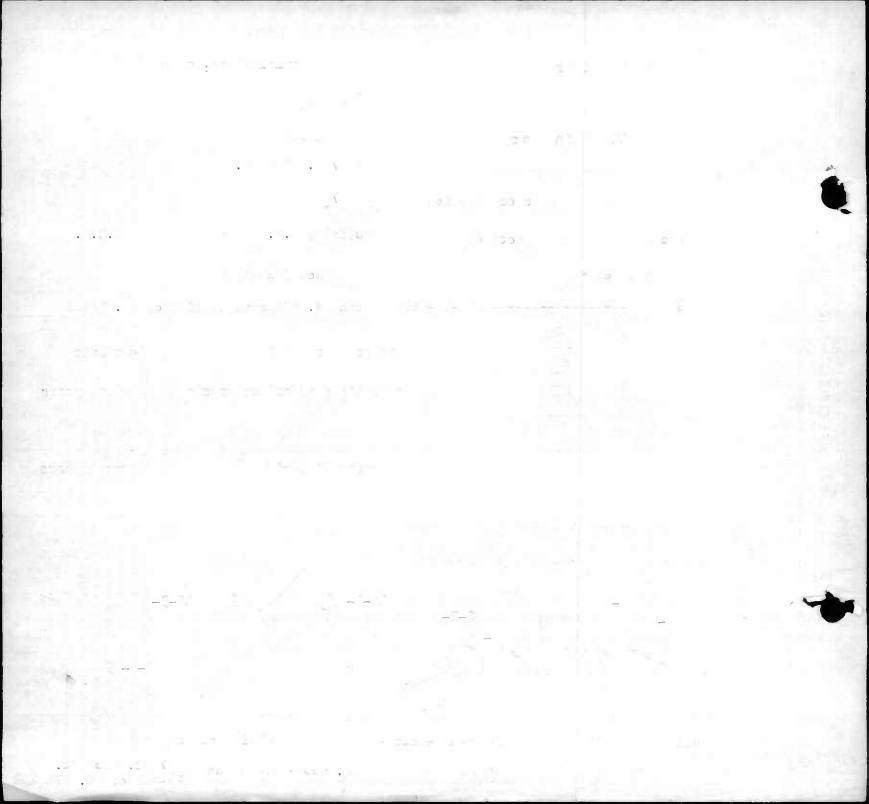
approval prior certificate An was D.O.A. eceased he body decease shows:

M.D 24A. BURIAL CREMATION. 4C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town or county) REMOVAL (Specify) 2055 0 (001NT CEMETER 25A. DATE REC'D BY HEALTH DEPT. REGISTRAR FUNERAL DIRECTOR VS 150-REV. 1/1/65



6	7	6	
N L	This certificate must be applyived by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such
R: IMPORTAN	ner or his assistar er. Also, if the a	cture of any kind	ar attendance o balmed or final
FUNERAL DIRECTOR: IMPORTANT	ved by the chief medical examination to hospital by a medical examination	nature; (2) Body burns; (3) A fraceept where the physician who p	deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be apply the body was released to the	shows: (1) An accident of any was D.O.A. at a hospital (exc	deceased prior to death); an

			BALTIMORE CITY	HEALTH DEPARTMEN	NT	
BIRTH NO.	65 13	2299	CERTIFICA	TE OF DEAT	H Registered No.	65 12399
M.E. CASE NO.		1000	CERTITION		TE AND HOUR OF DEATH	
Type or Print						
	attie Berger	ABYLAND			→3-65 12:45 F	Institution residence before admissio
S. PLACE OF DE	ATH IN BALLIMORE IN	ARILAND			COUNTY	institution residence before dutilissio
FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospital oddress or locati		n, give street	Maryhand	(If outside city limits, write	RURAL and give township)
- Polton	Hill Nursing	· Uom		Baltimore		5360
13010011	HTTT MAT 2THE	none		D. STREET ADDRESS	(If rurol, give location)	
10				1207 N. 63	rd St.	
. SEX	6. RACE	7. MARRIE	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Ho Months Days Hours Min.
F	M		/ED, DIVORCED (specify)	5/1/76	lost birthdoy)	Monars Days Hours Min.
OA. USUAL OCC	UPATION (Give kind of wo		Married OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
lone during most of	working life, even if retired)					
Cler	k	Ret	ired	Buffalo, N.		U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDE	N NAME	
811	ant Dansen			A /	IInlen oran \	
5. Was Decease	ert Berger d Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	Agnes (Unknown)	ADDRESS
Yes, no or unknow	n) (If yes, give war ar da	tes al service				
No			- 220-48-0600		aysman Baltimo	re, Md. 21206
18.33	2 X I		CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	SE OR CONDITION D					
	LEADING TO DEATH		(A) Cere	bral thrombo	sis	immediate
	not meon the mode of osthenio, etc. It meon					
	mplication which couse			molification to	mi analamani a	
	ANTECEDENT CAUSE	S	(D)	ralized arte	rioscierosis	several years
DISEASES	OR CONDITIONS, if	any aivin	DUE TO			7
	ie obove cause (A					
UNDERLYIN	G CONDITION fost.					
	- 11					
	IFICANT CONDITIONS DEATH BUT NOT REI		ng pulm	onary fibros	is	several years
DISEASE OR	CONDITION CAUSING		ins.			
		NDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes	or No.) 208, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDI	NT WAS UNDERLYING	2	18. PLACE OF INJURY (e.g., in	or about 21 C. WHERE	DID (II in Boltime	re City, give exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner		ame, larm, factory, street, of tc.)	fice bldg., INJURY OCC	U R?	
U						
OF INJURY	(Month) (Day) (Year		TE, INJURY OCCURRED		D INJURY OCCUR?	
(APPROX.)			While At Not While Nork At Work			
22 carrie	that (# (this hospite	ol) ottended	the deceased from	2-1-65	1965 to 12-	-3- 1965
			30.0	10 65		
thot (I) (we) lost sow the deceas	sed olive or		19	and that In (my) (our) op	inlan deoth accurred on the d
ond hour ar	nd from the couses st	oted obove.	(4) (We) (did) (dld not) v	lew the body ofter de	eath.	
23A. SIGNAT	URE CALL	M	0.			23B. DATE SIGNED
-	CHSI	10 11	M.D. Atte	ending Med.	Stoff Phys.	12-3-65
23C. PHYSICI	ANS	099	1	23D. ADDRESS	C rnys. C	
NAME	Type}			TOO! ADDRESS		
			M.D.			
REMOVAL	(Specify) 24B. DATE	24C.	NAME of CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, or county) (State)
Burial	12/6/6	5 Wo	odlawn Cemetery	7	Baltimore, Man	yland
	BY HEALTH DEPT.		E OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
DEC C	100E A a 4	0 7.	D at	Wm. Cook-F	OLUUKS IIIC	17 St. Paul St.
15 160 PSV 13	ISDS OF CO.	T. VICE		1 0	Ba	Ltimore, Md. 21202
VS 150-REV. 1/1.	00		,			



M-525

	TH NO 5	12400	MEDI	CAL EX	CAMINER'S C	ERTIF	CATE OF D	EATH Register	55No.1	2400
1, 1	NAME OF DE	CEASED					2. DATE AND	HOUR PRONOUNCE	D DEAD	
(I y i	pe or Print)	SAMUE	L J.	MANGUM			Dec	ember 1, 19	65	11:30 A M.
3. P	LACE IN BAL	TIMORE, MARY			INCED DEAD	4. USUA	L RESIDENCE (Where of		tution: resid	dence before admission)
EIII	I NIABAE OF	(IE NOT II	N MOCRITA	L OR INSTITU	JTION, GIVE STREET		Maryland			
HO	L NAME OF SPITAL OR TITUTION	ADDRESS	OR LOCA	TION)	THON, GIVE STREET	C. CITY	OR TOWN (If outside	corporate limits, write	RURAL on	nd give township)
11.4.2	IIIOIION						Baltimore		11.	-01
0	A Alca	zar Hote	1 Ro	om 609		D. STREE	T ADDRESS (If rurol,	give location)		
7.	MICO	zar noce	i Kot	000			Alcazar Ho	tel Room 6	09	
5. S	EX	6. RACE			NEVER MARRIED DIVORCED(specify)	8. DATE	OF BIRTH	9. AGE (In years lost birthday)		1 Yr. If Under 24 Hrs. Doys Hours Min.
m	ale	white	2		lowed	Oct.	8, 1917	48		
				10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State or foreign	country)	12. CITIZE	EN OF T COUNTRY?
don	Barten	der life, ever	n if refired)			Cir	cinnati, Oh	io		U.S.A.
13.1	FATHER'S NA	ME				14. MOTH	ER'S MAIDEN NAME			
		John	Mang	gum			Clara Oui	ent		
		ED EVER IN U.			16. SO CIAL	17. INFOR	MANT		ADDRESS	
(Yes	Unknow	n) (If yes, give v	wor or dotes	of service	SECURITY NO.	To	hn J. Dubo	is Cino	innet	i Ohio
		14			302-03-9963			15 CINC	Innat.	i, Ohio
	18.	5/0/1			CAUSE	OF DEA	TH		130	ONSET AND DEATH
	DISEA	SE OR COND		ECTLY	7 4.4.	. ,	1 •			
	(This does	not meon the	mode of	dying, e.g.,			nosis of liv	ver		
	heart failure	e, osthenio, etc. emplication which	It means h coused d	the discose,	Cn	ronic	alcoholism			
		ANTE CEN DEN	T CALLSES						100	
		OR CONDITIO			(B) DUE TO					• #88 W0 0-0 == 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =
		HE ABOVE CAL		ATING THE						
Z					(C)		» жж. жж. жж. ж ж ж ж ж ж ж ж ж ж ж ж ж			
CERTIFICATION		II							N. Carlo	
O		DEATH BUT								
TIF	DISEASE	R CONDITION	CAUSING	IT.	*********************					
CER	19A. DATE O	F OPERATION	WAS PERF		WHICH OPERATION	20A. A	UTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS		
AL	OL EVTERN	AL CALLEE WA	6	los a	DI A CE OF INITIANY		s-partial	yes		AT3
Š	UNDERLYING	OR CONTRIB		home	PLACE OF INJURY (e.g., , form, foctory, street,	office bldg.	INJURY OCCUR?	If in Baltimore City, giv	e exoct to	(cotion)
(EDIC,	UTING LICA	JSE OF DEATH	•	etc.)						
Σ	21D TIME OF INJURY	(Month) (D	ay) (Year)	(Hour) 2	1E. INJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
9	(APPROX.)			m. \	VHILE AT NOT	WHILE				
	22.	alf. al. al. ba	Lt la		Pa Pa	rtial	and shap an shit	a basta dasah tu sa	!-!	
		rtify that I he				tapsy		s basis, death in m		
	resu	Ited fram: No	atural cau	ses X	Accident Suicid			ndetermined manne	ir 🗀	
	ACTUA	/	- 11	10 4	7. (1		IEF MEDICAL EX	party.		DATE SIGNED
	SIGNA		A O	XILL	M.D		ANT MEDICAL EX			12-1-65
	EXAMI	NER'S RU	diger	Breite	necker, M.D.	ASSOCI	ATE MEDICAL EX	AMINER		1
23 A	NAME BURIAL CR	-	B. DATE	23	C. NAME OF CEMETERY	CREMA	ORY 23D. LC	CATION (City,	town, or o	county) (Stote)
	MOVAL (Speci			23	CONTRACT GENERAL (,
	Cremat		c. 4,1		Greenmount			altimore		Maryland
24/	DATE REC'I	BY HEALTH		_	OF REGISTRAR	24 C .	FUNERAL DIRECTOR		A	ADDRESS
	DEC	6 1965 (Robert	B 8. 40	Company Company	, W	m.Gook-Broo	ks, Inc.	1217	St. Paul St.
VS	151-REV. 1/1	/65		1			-9-1-1-	,		

GREET TOTAL TRANSPORT 2 TO 12 CONTROL OF THE STATE OF

DEC 6 1965 P.

VS 150-REV. 1/1/65

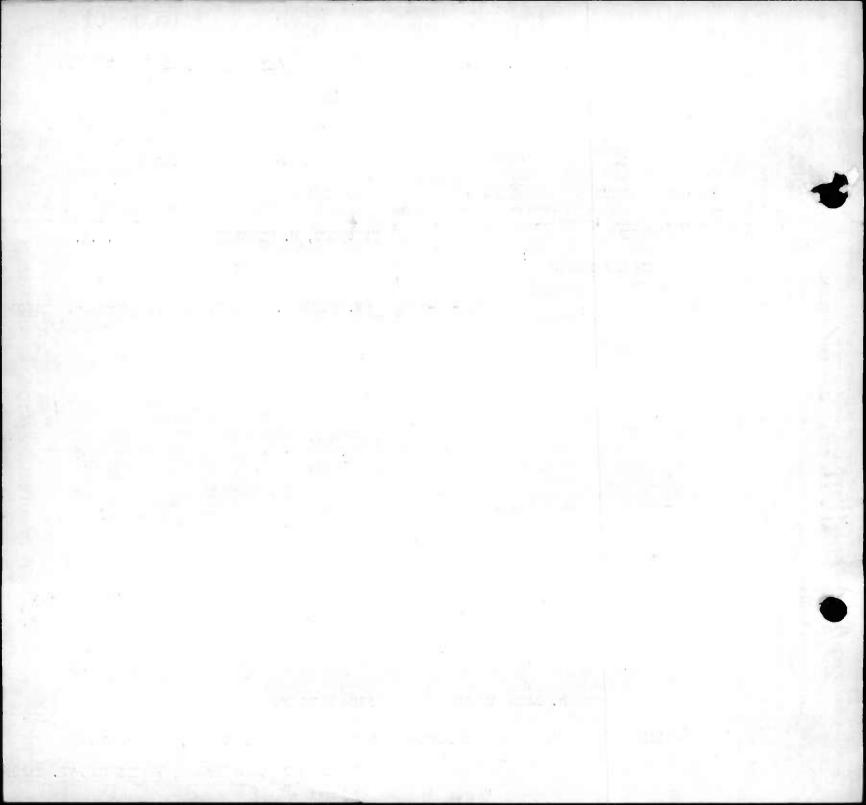
258. NAME OF REGISTRAR

Such

a hospital and

DIDT	TH NO.	65 124	101		HEALTH DEPARTMENT Registered No.	65 12401	
M.E	CASE NO.			CERTIFICA	TE OF DEATH Registered No.		
1. NAME OF DECEASED (Type or Print) BEULAH H. BANDELL					12-3-6		
3. 1	PLACE OF DEA	ATH IN BALTIMORE, MAI	RYLAND		A. USUAL RESIDENCE (Where deceased lived, II A. STATE B. COUNTY MARYLAND		
1	FULL NAME OF HOSPITAL OR NSTITUTION	F (If not in hospital of oddress or location		give street		e RURAL and give township)	
Ú	10	KENSAW NURS			D. STREET ADDRESS (If rurol, give location)	21007	
5. 5	EV	2601 ROSLYN		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	21207 If Under 1 Yr., If Under 24 Hrs.	
	EMALE	WHITE	WIDOWE	D. DIVORCED (specify) WED	10/12/1880 lost birthdoy) 85	Months Doys Hours Min.	
		UPATION (Give kind of work working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	HOUSI				PIEDMONT, W. VIRGINIA	U.S.A.	
13.	FATHER'S NA				14. MOTHERS MAIDEN NAME		
		THOMAS POWELL			UNKNOWN		
15. (Ye:	s, no or unknown	(If yes, give wor or dote	s of service)	SECURITY NO.	17. INFORMANT	ADDRESS	
	NO			214-46-1877	MR. FRANK W. BANDELL 1406	Langford Ave. 2120	
	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, if (e abave cause (A) G CONDITION last.			ho Voscular Ren	resp	
ERTIFICATION	TO THE D	FICANT CONDITIONS C FATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	HE	Semeny		
RTIFIC	19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20 A. AUTOPSY? (Yes o No) 20 B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?	
CAL CE	OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medicol exominer		me, form, factory, street, of	n or obout 21C. WHERE DID (II in Boltim ffice bldg., INJURY OCCUR?	ore City, give exact location)	
	21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		LINJURY OCCURRED hile At Not While At Work	21F. HOW DID INJURY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased fram 1900 to 1900 to 1900 that (I) (we) last saw the deceased alive on 1900 to 1900 and that In(my) (aur) apinian death accurred an the day and have and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death.						
	23A. SIGNATU		Peres		ending Med. Stoff	12/3/65	
	23C. PHYSICIA NAME (T	vpel	PAUL BY		23D. ADDRESS 5820 YORK ROAD		
244	REMOVAL (100	AME of CEMETERY OF CRI		(City, town, or county) (Stote) MARYLAND	

LOUDON PARK CEMETERY BALTIMORE, MARYLAND ADDRESS 25C. FUNERAL DIRECTOR HUBBARD FUNERAL HOME 4107 WILKENS AVE. 21229



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VS 150-REV. 1/1/65

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	FUNERAL DIRECTOR: IMPORTANT	the hospital by a medical examiner. Also, if the direct or contributing cathe hospital by a medical examiner. Also, if the direct or contributing catany nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (except where the physician who pronounced death was in regular attended of No physician was in regular attendance on the deceased prior to obtained before the remains are embalmed or final disposition is made.
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		This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. 65 12403	CERTIFICA	TE OF DEATH Register	ed Na 65 12403			
N.E. CASE NO.		2. DATE AND HOUR OF	DEATH			
Type or Print) WILLIAM R	ETTIG	Dec. 2, 196	2: 15 P M			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	ved. If institution: residence before admission)			
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	tion, give street	C. CITY OR TOWN (If outside city limits	s, write RURAL and give township)			
US Public Health Service	_	Elizabeth City D. STREET ADDRESS Of rurol, give loca	ntion)			
Wyman Pk. Drive & 31st St	reet	1800 N. Road Stre	et			
	RIED, NEVER MARRIED OWED, DIVORCED (specify) Married	B. DATE OF BIRTH 8/23/00 9. AGE (In year) 10 10 10 10 10 10 10 10	ors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,			
OA. USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working lite, even if retired) Retired Co	oast Guard	11, BIRTHPLACE (State or foreign country) Ohio	12, CITIZEN OF WHAT COUNTRY? USA			
Edward Rettig		14. MOTHERS MAIDEN NAME Clara Bennett				
Kwas Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of sen Sec. 1927—1953	16, SOCIAL SECURITY NO. 245-52-6195	17. INFORMANT Lucille Seude Records- US PHS Hosp	r Rettig 1800 N. Road pital, Balto, Md.			
18.5 02.01 × 20	O, O CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Br	onchopneumonia, conflue	ent, Days			
(This does not mean the mode of dying, heart failure, osthenia, etc. It means the dis-	e.g., DUE TO	marked	20000100000 100011111			
injury or complication which caused death.) ANTECEDENT CAUSES		omchitis, chronic and	Years			
DISEASES OR CONDITIONS, if ony, g		emphysema, makked ticulum cell sarcoma, h	by Mos.			
UNDERLYING CONDITION last.	10/	history				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		infarction, old, with thrombus	Mos.			
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES.	, WERE FINDINGS CONSIDERED ING CAUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in ffice bidg., INJURY OCCUR?	Boltimore City, give exact location)			
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJURY OCCUR?				
22. I certify that (1) (this haspital) attend		Oct. 13 1965 to	Dec. 2 1965			
that (I)/(we) last saw the deceased alive	. 17	19 65 and that in (my) (c	aur) apinian death accurred an the dat			
and haur and from the causes stated aba	ve. (We) (did) (did por) v	riew the bady after death.	DATE SIGNED			
23C. PHYSICIAN'S	Phy	ending Med. Stolf Phys. 23D. ADDRESS	12/3/07			
NAME (Type)		US PHS Hospital, Balt	o. Md.			
Thomas J. Lau, Surgeon	(R) M.D.	on and morbit out,	,			
Thomas J. Lau, Surgeon	4C. NAME of CEMETERY OF CR		(City, town, or county) (State)			
Thomas J. Lau, Surgeon 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 12/4/65			(City, town, or county) (Stote)			
Thomas J. Lau, Surgeon AA. BURIAL CREMATION, PARENCYAL (Specify) Burial 12/4/65	C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, town, or county) (State)			

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FULL NAME OF HOSPITAL OR NSTITUTION	CONRAD W.	GEISLER	2. DATE AND HOUR OF DEATH 12/2/65	65 12404 7A.		
PLACE OF DEATH	CONRAD W.		12/2/65	7A.		
FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital or			7A.		
FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital or		The Marian Recipence (When James J. C) W.			
HOSPITAL OR NSTITUTION			A. STATE B. COUNTY	stitution; residence before admission		
40		institution, give street	MARYLAND ANNE ARUN C. CITY OR TOWN (If outside city limits, write			
1	SAINT AGNES H	OSPITAL	LINTHICUM	52-00		
FX IA	CATON & WILKE	CNS AVENUE 21229	D. STREET ADDRESS (If rural, give location) 562 FAIRMOUNT ROAD			
	RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH SEPT. 16, 1892 73	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.		
			11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF		
	king life, even if retired)	RETIRED	MARYLAND	U.S.A.		
FATHERS NAME	RANK GEISLER		14. MOTHER'S MAIDEN NAME LAURA BE	ROWN		
Was Deceased Ev	er in U. S. Armed Force yes, give wor or dotes	s? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
NO		215-05-5596	MRS. ELSIE PIEKARSKI 554 FOREST VIEW RD.			
Injury or compliant AN DISEASES OR rise to the UNDERLYING OTHER SIGNIFIC TO THE DEA	thenia, etc. It means the cation which caused do TECEDENT CAUSES CONDITIONS, if an abave cause (A) s CONDITION last.	y, giving lating the (C)	Myscordial Ischemia Enco Selecter Cardo - Visula Dissi	5 nmar years.		
	PERATION 19B. CONDI WAS PERFO	TION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
21 A. ACCIDENT	WAS UNDERLYING DIE CAUSE OF edicol exominer	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Boltimore	e City, give exact location)		
21 D. TIME (/OF INJURY (APPROX.)	Month) (Day) (Year)	While At - Not While				
and haur and f 23A. SIGNATURE	at (1) (this hospital) ist saw the deceased ram the causes stated E. Rodenute	alive an	ending Med. Stoff Phys.	12-2 1965 nian death accurred an the de 238. DATE SIGNED December 3 1965		
23C. PHYSICIAN' NAME (Type			23D. ADDRESS 529 CAMP MEADE ROAD-	LINTHICUM		

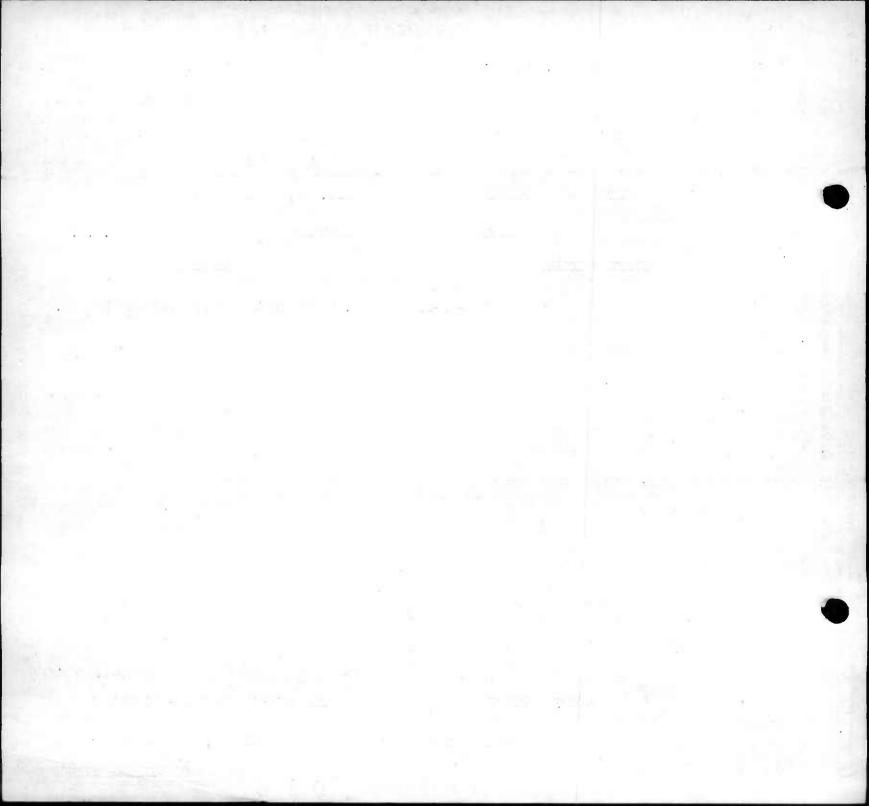
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VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

ADDRESS

HUBBARD FUNERAL HOME 4107 WILKENS AVENUE 21229



(4) Undetermined cause; (5) Deceased hospital eath. ance O attend 0 0 prior occurred made. regular deceased death disposition = Was the IMPORTANT eath no kind final attendance any OF pronounced Also, embalmed of fracture the chief medical examiner DIRECTOR: examiner. regular Po are 3 3 physician the remains Was medical burns; FUNERAL physician Body the 0 before by 2 ere to the hospital S N × nature; obtained 9 approved (except ; and any

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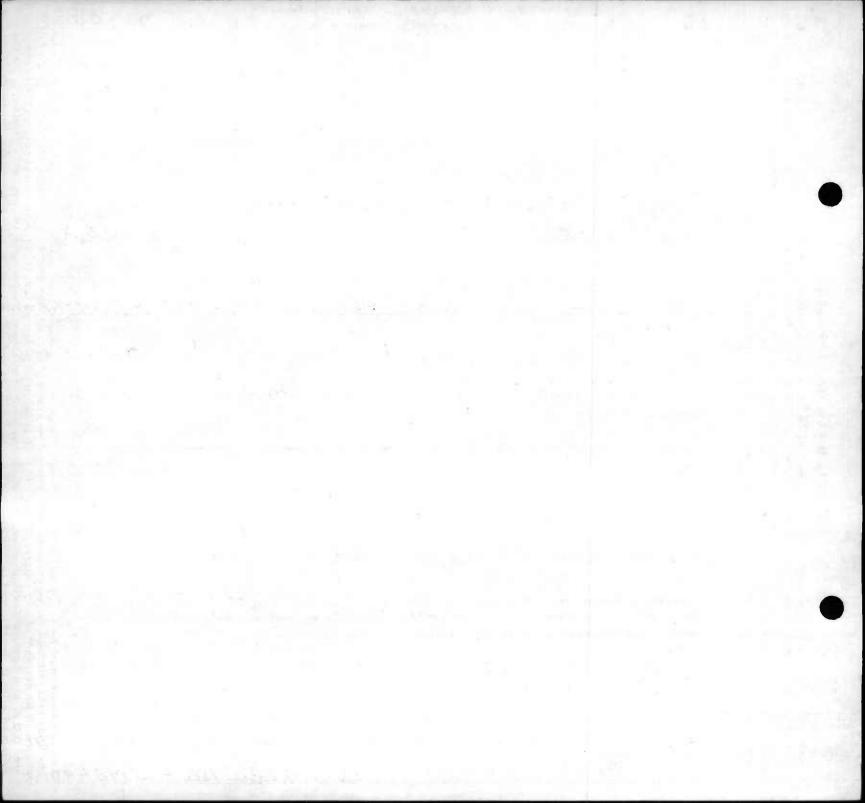
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4 CERTIFICATE OF DEATH 2, DATE AND HOUR OF DEATH 3 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours : Min. Months Days Hours fost birthdoy) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHERS MAIDEN NAME UHK. 6. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. BENJAMIN CASCIO INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (ff in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR? 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Nat While While At At Work Work Decer de hours te 30 Sleek per 3 19 63 ...ond that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED Attending Phys. Stoff M.D. Med. DEC 3 1965 Director L 23D. ADDRESS

M.E. CASE NO. GIUVAHINA I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or lacation) Church Home and Hazzertal 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHERS NAME Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give war or dates of service) NO DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. If meons the disease, injury or camplication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, to the above cause (A) stating the UNDERLYING CONDITION IOSI. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost sow the deceased alive on and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNAFURE 23C. PHYSICIAN NAME M.D. WDON 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY (Stole) REMOVAL (Specify) 65 MORGLAND MEMORIAL PK 258. NAME OF REGISTRAR 250, FUNERAL DI MD BURIAL DEC. 25A. DATE REC'D BY HEALTH DEPT. 25C, FUNERAL DIRECTOR ADDRESS VS 150-REV, 1/1/65

118 3.4. 28 11-16 Transact Mi April + 1993 72 Steley process fe Sente lame begins have proper byer Town heart liveren links so este societa? derina harris and Charred Horn & Horp.

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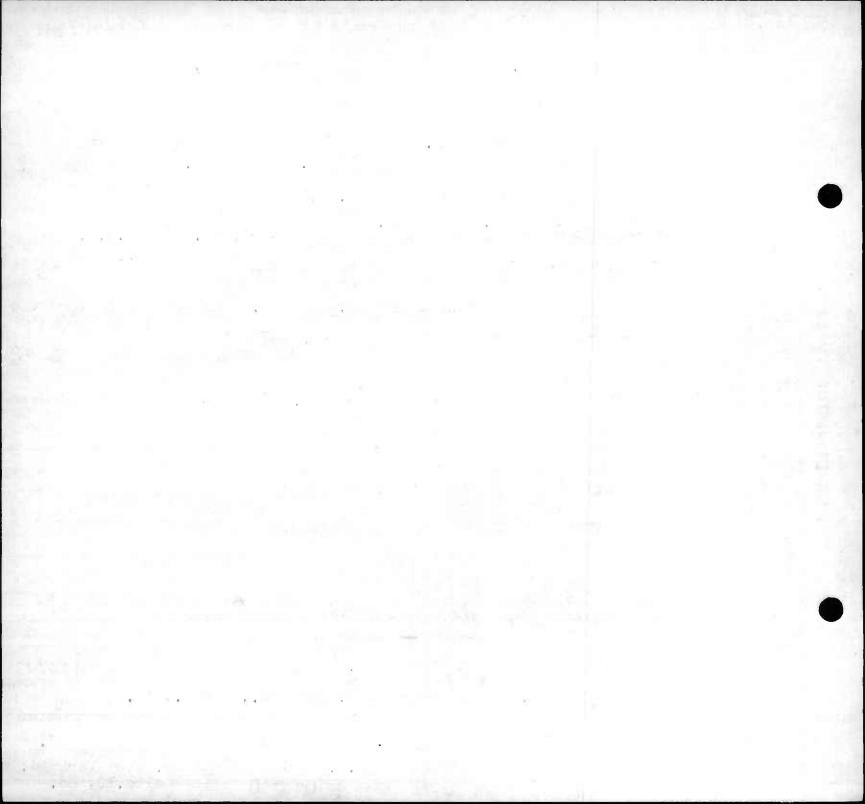
			BALTIMORE CIT	Y HEALTH DEPARTMENT		CE 4940	10
	RTH NO. 65 1240	6	CERTIFICA	ATE OF DEATH	Registered Na.	65 1240	10
1	NAME OF DECEASED Appe or Print) Mrs. Barbar		rnfeind	2. DATE	AND HOUR OF DEATH	8:50	a. M.
3.	PLACE OF DEATH IN BALTIMORE,			4. USUAL RESIDENCE (W. A. STATE B. CO.		nstitution: residence befor	re admission)
	FULL NAME OF (If not in hosp	pital ar institution,	give street	17d.		10-01	
1	HOSPITAL OR oddress or loc	cotion)		C. CITY OR TOWN - (II		RURAL and give townsh	ip)
1	Mercy Hospital			BALTIM D. STREET ADDRESS	O K /3 (If rural, give location)		
	Bolthnove, Md.				y St.		
5.	SEX 6. RACE	WIDOWE	NEVER MARRIED D. DIVORCED (specify)	10/23/1875	9. AGE (In years lost birthday)	If Under 1 Yr. If U Months Days Hours	nder 24 Hrs. s Min.
	A. USUAL OCCUPATION (Give kind of one during most of working life, even if reti		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY	17
	11		-	Germany		USA	1-
13	FATHERS NAME Simon Fink			14. MOTHERS MAIDEN N	1 0		
15	. Was Deceased Ever in U. S. Armedes, no or unknown) (If yes, give war or	forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT Mercy	Hosp. Records	ADDRESS	
	NO -	dules of service,	RIANE	01	PAHON 253	1/	YNE IN
	18. 420.11		CAUSE	OF DEATH		INTERVAL BE	
	DISEASE OR CONDITION			NA COLT	1	ONSET AND	/
	(This does not mean the mode		fA)	Tycesulis! Lu	itorction	Approx	5 days
	hearf failure, osthenia, etc. It me injury or complication which can	eons the disease,		-			
	ANTECEDENT CAL		(B)	Coronary Ihro	mbosis	Approx 5	days
	DISEASES OR CONDITIONS,	if ony, giving					
	use to the obove couse	(A) sloling the	contre	insclevatic Cardi	or Disease	years	
	II	•					
Z	OTHER SIGNIFICANT CONDITION	S CONTRIBUTIN	G				
ATIO		NG IT.					
FRTIFIC	19A. DATE OF OPERATION 198.	PERFORMED	WHICH OPERATION	20A. AUTOPSY? IYes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
237	21 A. ACCIDENT WAS UNDERLYIN		PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	e City, give exact locati	on)
IAC	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hon etc.		office bidg., INJURY OCCUR?			
MEDIC	21 D. TIME (Month) (Day) (Y	earl (Hour) 21E	. INJURY OCCURRED	21F, HOW DID I	NJURY OCCUR?		
2	(APPROX.)	WE	nile At Not Wh				
	22. I certify that M (this hosp				1965 to De	cember 3	1965
	that () (we) last saw the dece				that in (ms) (our) ap	**************************************	
	and haur and fram the couses						
	23A. SIGNATURE	1 -				238. DATE SIGNED	
	((ichol V. 1).	elime	M.D. A	tending Med. Director	Stoff Phys.	12/3/65	
	23C.PHYSICIAN'S NAME (Type)			23D. ADDRESS	. / >		
	Richard J.	Belinic	M.D	. Mercy Hospi	Tal Baltimor	e, 17d,	
24	A. BURIAL CREMATION, 248. DAT	24C. N	AME of CEMETERY or C	REMATORY 24D	LOCATION (C	ity, town, or county)	(State)
		1965 140	LYREDEEN	TER CEM 4	1430 BELA	IRRD	MD
25	A. DATE REC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	OK .	VDDKE22	
	DEC 6 1969 05 6	The Barre	THE CONTRACT	Websel Bro	Ane 1800 H	ELOMBAI	205+
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				HEALTH DEPARTMENT		15
	BIRTH NO. M.E. CASE NO.	65 12407	CERTIFICA	TE OF DEATH	Registered Na.	55 12407
	I. NAME OF DECE	ASED		2. DATE AND	HOUR OF DEATH	~ 30
	(Type or Print)	Charles W.		Decem	ber 5, 196	55 1 7 Pm M.
	3. PLACE OF DEAT	TH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	deceased lived. If ins	titutian: residence befare odmissian)
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospitot or instit oddress or location)	ution, give street		ide city limits, write RI	JRAL and give township)
J	0	Cambridge A	rms Apts.		nol, give location)	
6				3339 N. Char		
made	5. SEX	T _o T WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Ver Married		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1 is	IOA. USUAL OCCU	PATION (Give kind of work 10B, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
00	and aring most of w	Marchandisa	to Gas & Elec. Office (Retired	Nort Windge	bM a	U.S.A.
Sit	13. FATHER'S NAM		OTTICA (VA CTI.AC) New Windso: 14. MOTHERS MAIDEN NAM	E FIG.	U.D.R.
disposition	Charle	s William Ott	0	Virginia Pain		
	15. Was Deceased	Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
or final	No.	(If yes, give war or dotes of se		Mrs Jorrin G.	Hanna 206	Paddington Road
r f	1B. // O	0,/1				
	DISEASE	OR CONDITION DIRECTLY		Registert.	0	ONSET AND DEATH
ned		LEADING TO DEATH	(A)	Mancardal	wherten	48 ms 3vall
embalmed		ot mean the made of dying, asthenio, etc. It means the dis	e.g., DUE TO	Recurrent Myo Cardial &	1	3 years
u p	injury ar camp	olication which caused death.)	4	SCUD	0	3 41411
		NTECEDENT CAUSES	DUE TO			
Gre		R CONDITIONS, if ony, abave cause (A) stating	giving (C)			
		CONDITION lost.	American Salaman			
Jai	7					
Ten	E TO THE DE	ICANT CONDITIONS CONTRIE ATH BUT NOT RELATED T CONDITION CAUSING IT.				
the	19A. DATE OF		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
before the remains	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)		(It in Boltimore	City, give exact location)
		(Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
ained	S OF INJURY		While At Work Not While At Work			
bta	22. I certify t	that (1) (this hospital) atten			50 10 1000	emba 5 1965.
0		last saw the deceased alive	. / . /	(4 -1		ian death accurred an the date
9			ve. (I) (We) (did) (did not) v		(,, (00., 0)	de de la constante de la const
must	23A. SIGNATUR		ve. (1) (ee) (did) (die-nei) v	new the body offer death.		23B. DATE SIGNED
	1110	, On 0 5.0.	M.D. Atte		toff	December 6,1965
٨٥	23C. PHYSICIAN	rs and cond	er Day	s. Director P	hys. 🗀	weight of 190
010	NAME (Ty	Newland E.	Day O M.D.	4 E. 33rd St.	, Balto.,	Md.
approval	24A. BURIAL CREM	AATION, 24B. DATE	4C. NAME of CEMETERY of CRI	MATORY 24D. LO	CATION (City	r, town, or county) State)
	Burial	12/8/196				
written	25A. DATE REC'D		Winters Cem.	25C. FUNERAL DIRECTOR	Windsor	Md.
3	DEC 6	1965 P.O. A. E.	Farhament.		& Sons Co	. 4905 York Rd.

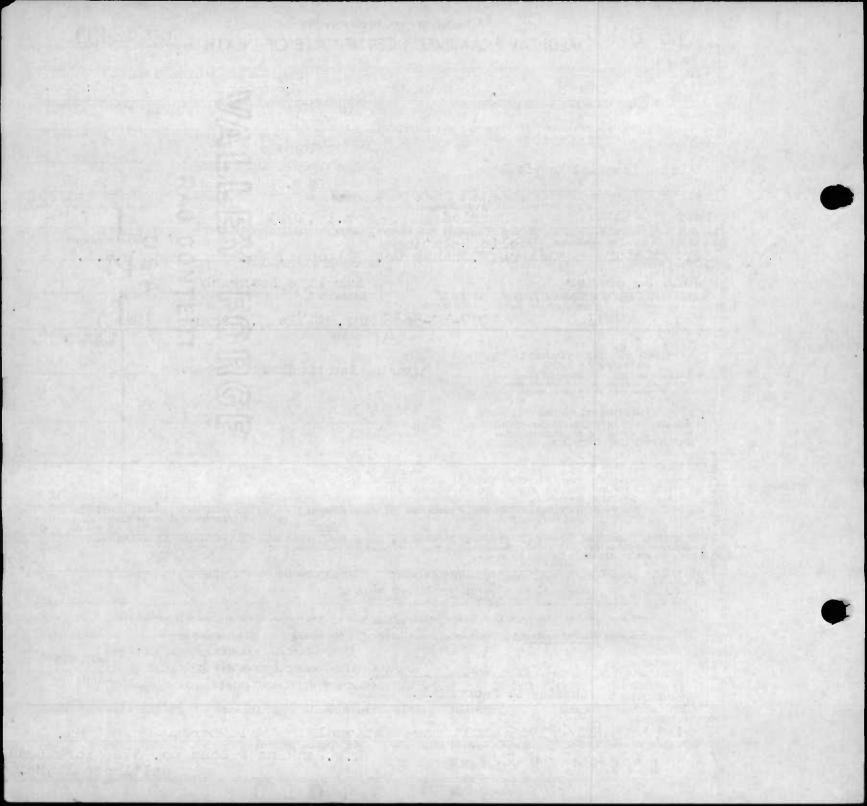
Balto.12, Md.



		HEALTH DEPARTMENT
BIRTH NO. 65 12408	CERTIFICA	TE OF DEATH Registered No. 5 12408
I. NAME OF DECEASED	7-1	2. DATE AND HOUR OF DEATH
(Type or Print) Marter	, , , , , , , , , , , , , , , , , , , ,	
3. PLACE OF DEATH IN BALTIMORE, MA	or institution, give street hos p.	A. STATE 8. COUNTY Many Land
HOSPITAL OR address or lacation	n)	C. CITY OR TOWN (II outside city limits, write RURAL and give township)
111		D. STREET ADDRESS (If rural, give location)
47		St. Peul + Eneenway
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
Female white	WIDOWED, DIVORCED (specify)	CCT, 14 1891 Tast birthdoy! Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of world	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
dane during mast of working life, even if retired)	OWN Home	Vicksburg, Mississippi USA
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME
Hane I acos		· Many McCutcheon
15. Was Daceased Evar in U. S. Armed Far	ces? 16. SOCIAL	17. INFORMANT / TRISILLE REDER ROSE RO.
(Yes, no or unknawn) (If yes, giva war or dote	ses at service) SECURITY NO.	late of the second seco
18. 3 3 4 V	CAUSE O	F DEATH DINTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY	Tremondy, ONSET AND DEATH
LEADING TO DEATH	(A) Care	bul la se the
(This does not meen the mode of heart failure, asthenia, etc. It means	the disease,	
injury or complication which coused		
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, if		
UNDERLYING CONDITION lost.		
O OTHER SIGNIFICANT CONDITIONS		
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISES OF CONDITION CAUSING	IT.	
199. DATE OF OPERATION 198. CON WAS PER	FORMED POR WHICH OPERATION	20 A. AUTOPSY? (Ye or No!) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	hame, form, factory, street, of	n or obout 21 C. WHERE DID (If in Baltimare City, give exect lection)
2	V/A etc.) R/A	N/A
OF INJURY (Month) (Doy) (Year)	(Haur) 21 E. INJURY OCCURRED While At Not Whil	21F. HOW DID INJURY OCCUR?
(APPROX.)	Work Al Wark	- I NA
22. I certify that this hospita	I) ottended the deceosed from	12/1/659 10 /2/51965.
that (we) fast sow the decease		and that in (my) (aur) apinion death occurred on the date
	ted above. (We) (did) (did not)	
23A.SIGNATURE	M.D. Atte	ending Med. Stalf
Harry -	Phy Phy	s. Director Phys.
PARRY HARRY	Annual Control of the	UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE Cremation 12-3-	1965 Green Mount	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	Henry Whodenkins & Sons Co. M. 2323

VS 151-REV. 1/1/65

65 12409 BALTIMORE CITY HEAL	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	ERTIFICATE OF DEATH Registered No. 12403						
N.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
(Type or Print) JOSEPH E. SHANER	December 5, 1965 2:45 A.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township)						
INSTITUTION	Baltimore						
Union Memorial Hospital	D. STREET ADDRESS ()f rurol, give locotion) 209 E. Lake Avenue						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.						
Male White Widowed, DIVORCED(specily) Married	Nov.18,1913 lost birthday Months Days Haurs Min.						
done during most of working life, even if retired) Public Relations							
Proprietor Joseph E. Shaner Co	Altona Pa U.S.A.						
John J. Shaner	Karoline Leahrsch						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn),(If yes, give war ar dates af service) SECURITY NO.	17. INFORMANT ADDRESS						
	Mrs.Billie M.Shaner (Same)						
TB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH						
LEADING TO DEATH (A) Arteri	osclerotic Heart Disease.						
(This does not mean the made of dying, e.g., DUE TO head foilure, osthano, etc.)! means the disease, injury or complication which coused death.)							
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes 20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED YES						
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in home, farm, foctory, street, on etc.)	n ar about 21C. WHERE DID (If in Boltimare City, give exact location) ffice bldg., INJURY OCCUR?						
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?						
OF INJURY (APPROX.) WHILE AT NOT V	WHILE ORK						
20	apsy X and that on this basis, death in my opInIan						
resulted fram: Natural causes X Accident Suicide							
ACTUAL O	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE (Cacle) Colly M.D.	ASSISTANT MEDICAL EXAMINER 12/5/65						
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER						
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, tawn, or county) (State)						
REMOVAL (Specify) 12/8/1965 Baltimore No. 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	ational Baltimore, Md.						
0.0	H.W.Jenkins & Sons Co. 4905 York Roa						
DEC 6 1965 Report 2, Francisco	Baltimore 12, Md.						
	2002 022102 0 22 9110						



VS 150-REV. 1/1/65

	TY HEALTH DEPARTMENT	
BIRTH NO. 65 12410 CERTIFIC	ATE OF DEATH Registered No.	5 12410
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	1-11 15
MOMMERS, GRACE WALLACE	Dec. 5, 19	65 4 AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	A. STATE B. COUNTY	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street address or location)	MD.	14-02
INSTITUTION	C. CITY OR TOWN (It outside city limits, write RI	URAL and give fownship)
44	D. STREET ADDRESS (If Iurol, give location)	
Tunion Menorial Hosp.	3333 N. Charles Str.	
5. SEX 6. RACE 7. MARNED NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost bighday) 7	Il Under 1 Yı. Il Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOMEMAKER OWN HOME	KANSAS	AMERICAN-US
13. FATHERS NAME	14. MOTHERS MAIDEN NAME	7 III CKICIIN
CLARK W. WALLACE	LOUELLA WALLACE	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no alunknown) (II) yes, give war al dates of service)	17. INFORMANT	ADDRESS GBURTH
No.	THEODORE W. MOMM	ERS ROAD
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1'0 00 - 1'	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUL TO	est may of similar will	Le
heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	meaneraled 1	Vosacia.
ANTECEDENT CAUSES (B)	magnificated femina	- Coma
DISEASES OR CONDITIONS, if any, giving	· A marianti and	an tain
rise to the above couse (A) stoting the (C) UL UNDERLYING CONDITION lost.	uth perforalm and	ani (rucing)
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	4	
198. CONDITION FOR, WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FI	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY 10.00	p, in or obout 21 C/WHERE DID (If in Boltingore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INDURY OCCUR?	
O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Work Not W	/hile	
22. I certify that (N (this hospital) attended the deceased from		5 10 65
that (N (we) lost sow the deceased alive on Dec. 5		
and hour and from the causes stated above. (W (We) (did) (and not	•	The gale
23A. SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	23B. DATE SIGNED
2. 3. Ja- M.D.	Attending Med. Stoff Phys. Director Phys.	Dec. 5, 1965
23C. PHYSICIANS 711T7 ANG HSI	23D. ADDRESS	
NAME (Type) Zutzang Hsu. M.	o. Union Memorial	Hosp.
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMOVAL (Specify)	CREMATORY 24D. LOCATION (City	y, town, or county) (State)
Cremation 12/7/1965 Green Mount	Baltimore	Md.
25A. DATE REC'D AY HEALTH DATT. 25B NAMED F REGISTRAR	25C. FUNERAL DIRECTOR H.W.Jenkins & Sons C	
ALO A HADA APPENDE YASHINGTON	H.W.Jenkins & Sons O	

_ 1 II 911

of death Deceased

cause; (5) COUSE

contributing

(4) Undetermined

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where

(6) No

death); and

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shows: (1) An

any nature;

of hospital

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No.65 1211 65 12411 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. Such DATE AND HOUR OF DEATH (Type or Print) LO Anna R. McCoy

3. PLACE OF DEATH IN BALTIMORE, MARYLAND 12-6-1965

USUAL RESIDENCE (Whore deceased lived. II institution: residence before eath. ance (If not in hospital or institution, give street Maryland FULL NAME OF D address or location (If outside city limits, write RURAL and give township attend INSTITUTION Baltimore
D. STREET ADDRESS 406 Rossiter Ave. prior (If tutol, give location) 406 Rossiter Ave. regular 7. MARRIED, NEVER MARRIED 9. AGE (In years S. SEX 6. PACE B. DATE OF BIRTH If Under 1 Yr. Months: Dovs If Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) Wemale White Married 6-3-1899 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition = done during most of working life, even if retired) WHAT COUNTRY? Housewife Own Home Virginia
14. MOTHERS MAIDEN NAME TISA SD 13. FATHER'S NAME the Walter T. Morris

15. Was Decessed Ever in U. S. Armod Forces Ella N. Givler death LO ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dates of sorvice) SECURITY NO. attendance Bradley T. McCoy Above no CAUSE OF DEATH pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pew LEADING TO DEATH (This does not meen the mode of dying, embal 10 heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.) regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the physician UNDERLYING CONDITION IOSI. physician was

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (o.g., in or about 21C. WHERE DID (If in Boltimoro City, give exact location) home, form, foctory, stroot, office bldg., INJURY OCCUR? DEATH (notify modical examiner) MEDIC/ (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work

that (1) (we) lost saw the deceased alive on 5 23

.. and that in(my) (our) opinion death occurred on the date

			the cou	ses sic	ted obove	. (1) (M	9) (did)	(did	not)	view	the	body	ofter	deoth
A.	SIGN	ATURE	LI	1		1	4		-	7				

TELSIGNED		
ree i	Stoff Phys.	rector
	Phys.	rector 🔲

23 D. ADDRESS

1938 en Ave Keown Linden

Lauriston (City, town, or county) 24A. BURIAL CREMATION, 24B. DATE

Burial 12-8-65 Woodlawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

22. I certify that (1) (this hespital) ottended the deceased from

25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd.

VS 150-REV. 1/1/65

23C. PYLYSICIAN'S NAME (Type)

Leveren Mirest with hickorphies . paralast from the same of the same

FUNERAL DIRECTOR: IMPORTANT

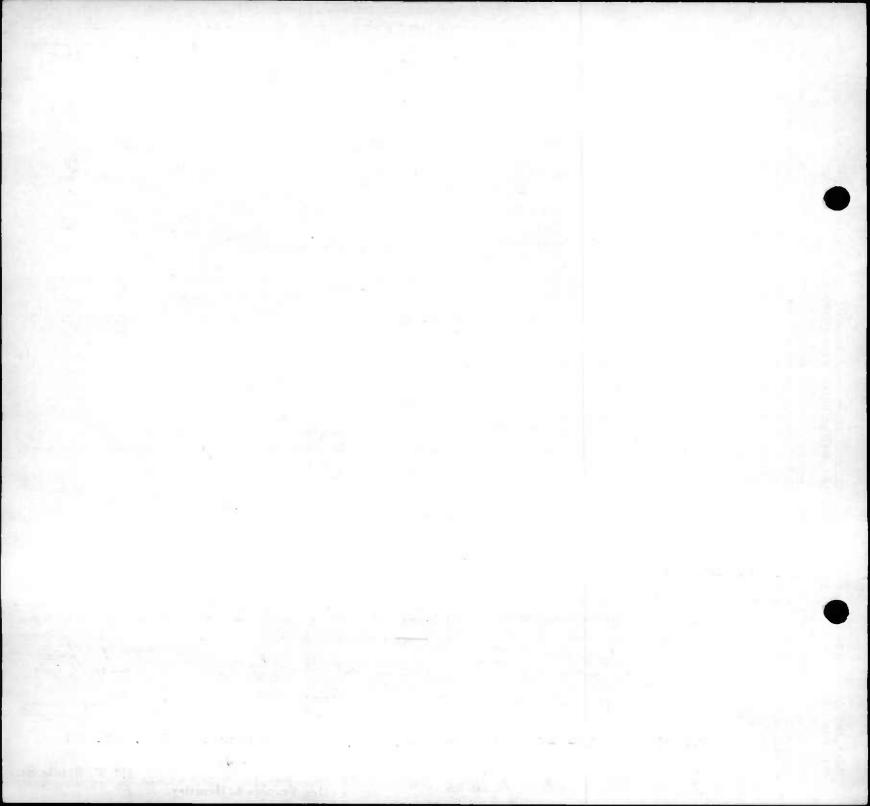
BALTIMORE CITY HEALTH DEPARTMENT Registered Na._ CERTIFICATE OF DEATH BIRTH NO. Undetermined cause; (5) Deceased cause of death on the M.E. CASE NO. Suc I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 00 4. USUAL RESIDENCE (Where deceased lived, If institution; tesidence before admission) eath. ance MARYLAND (If not in hospital or institution, give street FULL NAME OF Ö HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RUBAL and give township) attend INSTITUTION 0 UNIVERSIT prior D. STREET ADDRESS (If rurol, give location) contributing BALTIMORE occurred Avenue SIXTH made. regular 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. 5. SEX deceased WIDOWED, DIVORCED (specify) lost birthdoy 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF death WHAT COUNTRY? disposition E done during most of working life, even if retired) MARYLAND USA LABORETR Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 4 ANNA BROWN JOHN LO death kind; 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance 0 any CAUSE OF DEATH INTERVAL BETWEEN pronounced 0 attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of Mass LEADING TO DEATH fracture (This does not mean the made of dying, heart failure, asthenia, etc. It means the disease, the chief medical examiner 0 injury ar camplication which caused death.) MALIGNANT HYPERTENSION regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains WOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 0 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by before 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) where to the hospital °Z DEATH (notify medical examine) NONE etc.) nature; by MEDI obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved While At Not While (APPROX.) At Work Work exce) and of any NOU 22, I certify that (1) (this hospital) attended the deceased fram... NOU eath); 29 that (1) (we) last saw the deceased alive an No 1965 ... and that in (my) (aur) apinion death accurred on the date hospital and have and from the causes stated above. (1) (WE) (did) (did not) view the bady after death. was released must An accident 23A. SIGNATURE 23 R. DATE SIGNED ō Med. Stoff M.D. Attending Phys. 0 Director _ approval Ū 23 C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) GREENWA 4202 M.D. OBER D.O.A. 244. BURIAL CREMATION, 248. ased the body EMOVAL (Specify) shows: Was 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT! VS 150-REV. 1/1/65

12/4/105 N/t. Olivet Comoted Washington, Q.C. Hamy S. Washington Tec. 425 Demilia

DEC 7 VS 150-REV. 1/1/65

BIRTH NO. M.E. CASE NO. 65 12413 CERTIFICATE OF DEATH Registered No. 5 12413	
1. NAME OF DECEASED (Type or Print) A AN IF PASCHAI 2. DATE AND HOUR OF DEATH DEC. 4191-1128N	1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, it institution: residence before odmi	ssion)
FULL NAME OF (If not in hospital or institution, give street) Maryland 501	
HOSPITAL OR oddress or location) C. CITY, OR TOWN of (If of staide city limits, write RURAL and give township) 1 Sales of location C. CITY, OR TOWN of (If of staide city limits, write RURAL and give township) 1 Sales of location C. CITY, OR TOWN of (If of staide city limits, write RURAL and give township)	
O. STREET ADDRESS (If rurol, give location)	
5. SEX 7. MARRIED, NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 WIDOWED, DIVORCED/specify) If Under 24 Months; Doys Hours; M	4 Hrs.
marsl7-1883 82	,
10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) J. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?	
13. FATHER'S NAME	
Charles Croston Relen Legland	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	
11B. CAUSE OF DEATH INTERVAL BETWEEN	1
DISEASE OR CONDITION DIRECTLY	н
(This does not mean the mode of dying, e.g.,	ns
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CALISES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise la lhe abave cause (A) sloting the (C) UNDERLYING CONDITION lost.) d = 6 6 = = 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Z OTHER SCHUEICANT CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exoct locotion)	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from 1000 4, 19 1965to presents	
that (1) (we) last saw the deceased alive an	e date
and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED	
Stewart M.D. Attending Med. Stoff Phys. 12/4/65	
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS	
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D, LOCATION (City, Town, or county) (5)	tote)
Burial 12-8-65 Arbutus Mem. Park. Arbutus, Balto. Co. Md	
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS	

578 W. Biddle



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VS 150-REV. 1/1/65

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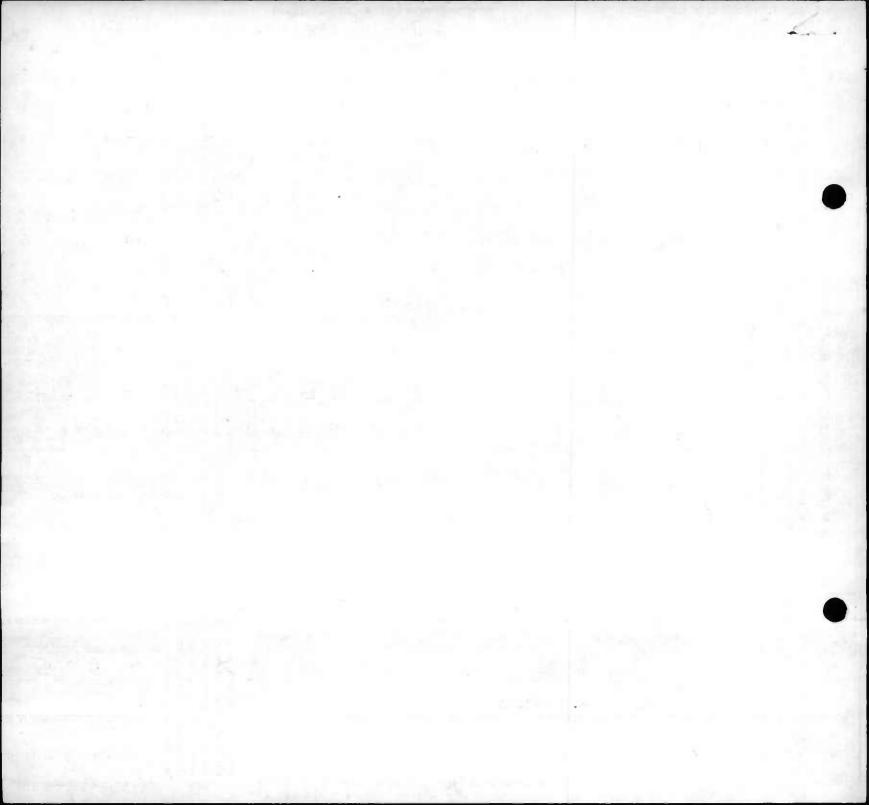
The Later Description After a comment of meaning and a start for foreign the start of The source of the following the state of the source of the

		BALTIMORE CITY HEALTH DEPARTMENT							
	BIRTH NO. 65 12415 CERTIFICATE OF DEATH Registered No. 65 12415								
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH								
	(Type or Print	" Mary Ans	n Lim	mer		ember 3, 14			
	3. PLACE OF	F DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (WHA STATE B. COU		nstitution: rosidonce boforo admission)		
	FULL NA			give stroot	Maryland	Ber Huno			
	HOSPITAL OR oddress or location) INSTITUTION				C. CITY OR TOWN (IF o	.// . 0 \	RURAL ond give township)		
	Church Home and Hospital				D. STREET ADDRESS (I	frutol, give location)			
	50				1099 (Thes Aco A	ve.		
	5. SEX	6. RACE	WIDOWED	NEVER MARRIED D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
		OCCUPATION (Give kind of wo		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?		
		isewife			Maryland	1	USA.		
	13. FATHER'S	1			14. MOTHER'S MAIDEN NA	4.4			
		James Wi			Maria	Hessler			
	(Yes, no or un	eased Ever in U. S. Armed Fo	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS		
	No	_		nome		mmer lo	22 Ches Aco Horo.		
	18.2	ISEASE OR CONDITION D	INFOTE V	CAUSE O	F DEATH		ONSET AND DEATH		
		LEADING TO DEATH		(A) Pul	moen Ins	farction	Agute		
		oes not meon the mode o		DUE TO					
	injuly o	complication which couse		PI	mopy Informary	embolu	<		
	DICEAC	ANTECEDENT CAUSE		DUE TO			······································		
	rise lo	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C)							
	UNDER	UNDERLYING CONDITION losi.							
	OTHER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	DISEAS	TE DEATH BUT NOT RELE OR CONDITION CAUSING	IT.						
0	\u_ .	WAS PE	REORMED	WHICH OPERATION	Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED		
-	U 21A. AC	CIDENT WAS UNDERLYING	BI adder	PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimo	o City, give exact location)		
	₹ DEATH	ITRIBUTING CAUSE OF (notify medical examinat)	hom etc.		ffice bldg., INJURY OCCUR?				
	Ω 21 D. ΠΑ		(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?			
	E (APPRO)		Wh	ile At Not Whi					
	22. I ce	22. I certify that (1) (this hospital) attended the deceased from 19 to December 3, 1965,							
	that (I)	that (I) (we) lost sow the deceased alive on December 3 , 19 65 and that in (my) (our) opinion death occurred on the date							
		or and from the causes sta							
	23A. SJG	23A. SIGNATURE 23B. DATE SIGNED							
	In	m 01/1	llen fo	Phy		Stoff Phys.	12/4/65		
	22C.PHY	SICIAN'S ME (Type)			23D. ADDRESS				
	MI	RIANO A. TO	DLEN	TINO M.D.					
	REMOY	CREMATION, 24B. DATE	01 - C	AME of CEMETERY OF CR	- 1	2 11	City, town, or county) (Stote)		
	SA. DATE	REC'D BY HEALTH DEPT.	258. NAME O	DE REGISTRAP	25 JUNERAL DIRECTO	Da Horoke	VVCI,		
	DEC	W 1005 A A	Q T.	0 43	Philip F	Crock 12	11 Chesoca Ano		
-	VS 150-REV.	1/1/65	Tr. Jak	S S S S S S S S S S S S S S S S S S S	1 1 6 5	4	1,000,000		

Married 1-12-1912 53 MOUSE W. FE your us to the full browning Je money contains Nov. 19, 1969 Bladdon + wance Detember To December 3 , Mari a Telleston ... MARCHAN A TOLEWING

FUNERAL DIRECTOR: IMPORTANT		1
This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	curred in a hospital and	5 .
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ributing cause of death C	7
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (1)	nined cause; (5) Deceased (-
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	jular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ed prior to death. Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	nade.	

BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH NO. M.E. CASE NO. 65 12416 CERTIFIC	AIL OI DEATIN	65 12416
(Type or Print) HILTZ, THOMAS TOWSO/		5 3.00 a.m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II ins A, STATE B, COUNTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	MARYLAND BALTIM C. CITY OR TOWN (If outside city limits, write R	
JUNIVERSITY HOSPITAL	BALTIMORE 24	53-20
)	8007 BANK ST	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED MARRIED	B. DATE OF BIRTH 6-10-09 9. AGE (In years lost birthday) 56	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) FILE CLERK BYO RR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
THOMAL HILTZ	AMANDA GIBBO	NZ
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar dates of service) 218 - 05-055	17. INFORMANT	ADDRESS
18. 132 X IX 26 0 X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		20
(This does not meon the mode of dying, e.g., OUE TO	un omycoolo, chronic	3/years
heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	of & chest	
ANTECEDENT CAUSES (B)	pyema & chest	2-3 mo +
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION tost.	ille Mysendial Infacti	m 19 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	teo mellitro	
174. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED EMPYEMA 1+D @ CHE	IN CERTIFYING CAL	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g		City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	/hile 21F. HOW DID INJURY OCCUR?	
22. I certify that (Kathis haspita) attended the deceased fram	//-/- 1965 10	19 - 5 1965
that (1) (we) last saw the deceased alive an 12 5	19 6 5 and that in (my (aur)) opli	nian death accurred an the date
and haur and fram the causes stated above. (1) (we) (did) (did nat		
23A. SIGNATURE		23B. DATE SIGNED
Charles & Harrison M.D.	Attending Mod. Stoff Phys.	12-5-65
23C. PHYSICIAM'S NAME (Type) Charles S. Harrison M.	23D. ADDRESS	Q=
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify) 12-9-65 Holy Rediems	CREMATORY 24D. GOCATION (CIT	y, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
DEC 7 1965 A D & On To O 1940	Walter Dabrouske 10.	5 Oundalk Chr.
VS 150-REV. 1/1/65	0.27	



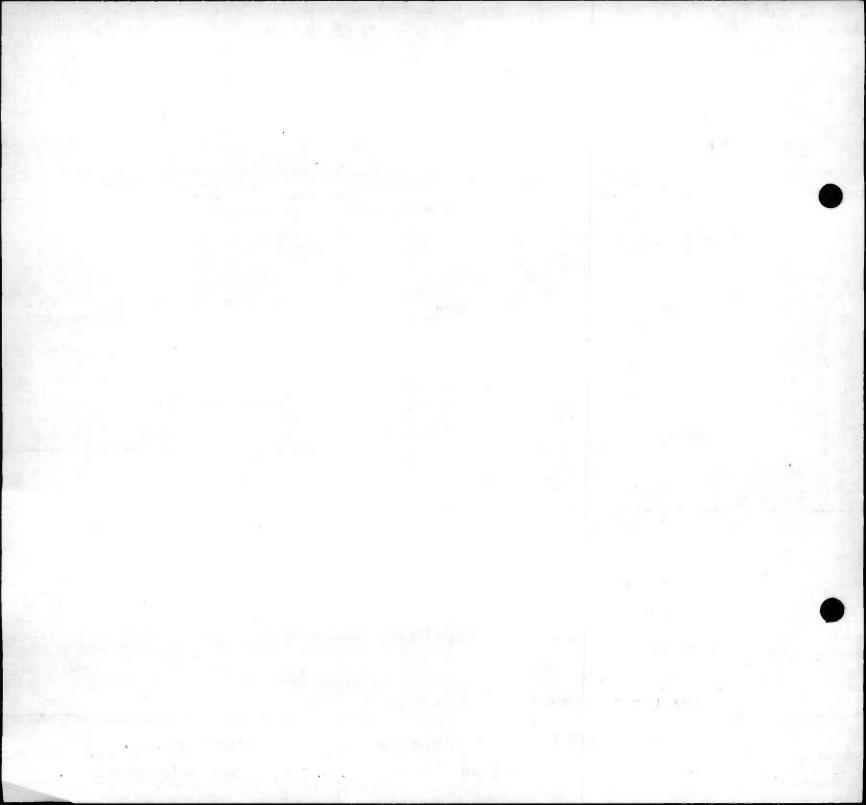
IMPORTANT DIRECTOR: FUNERAL

65 12417 Registered No._ CERTIFICATE OF DEATH BIRTH NO. Such in a hospital and ng cause of death cause; (5) Deceased M.E. CASE NO. ÷ I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH no (Type or Print) CONAWAY USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance B. COUNTY contributing cause (If not in hospital or institution, give street FULL NAME OF T HOSPITAL OR address or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend 10 INSTITUTION REISTERSTOWN prior 1405P MEMORIAL 0 26 HANOVER (4) Undetermined occurre regular is mad 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 6. RACE Hours deceased WIDOWED, DIVORCED (specify) lost birthdov 216186 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF death = disposition done during most of working life, even if retired) direct or PAINTER MARYLAND 45 Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the ALLEN TRIPLETT THOMAS CUNAWAY D assistant death u o kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. attendance WIFE MARGARET CONAWAY None No any CAUSE OF DEATH INTERVAL BETWEEN pronounced OL ONSET AND DEATH or his DISEASE OR CONDITION DIRECTLY Also, embaimed of LEADING TO DEATH (A) Ca of prostate à metase fracture (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, the chief medical examiner examiner. regular injuly of complication which coused death.) ANTECEDENT CAUSES who DUE TO GID 4 DISEASES OR CONDITIONS, if ony, giving <u>e</u> rise to the above couse (A) stoling the the physician be obtained before the remains UNDERLYING CONDITION lost. medical No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DtD home, form, foctory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where to the hospital MEDICAL DEATH (notify medical examiner) any nature; 21 D. TIME 21E, INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX) Al Work and 22. I certify that (1) (this hospita) oftended the deceased from 11/24/65 that (1) (we) last sow the deceased alive on 12/2 19 6.5 and that In(my) (our) opinion death occurred on the date \$0 death) hospital and hour and from the causes stated above. (1) (Fe) (did) (did not) view the body ofter death. the body was released must An accident 23A, SIGNATURE 23B. DATE SIGNED must Attending | Phys. eceased prior to written approval Phys. Director 0 23C. PHYSICIAN'S 23D. ADDRESS certificate NAME (Type) at 1405P CHARLES S. BROWN, M.D. M.D. UNION MEMORIAL D.O.A. 3 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION shows: Burial 12/6/65
25A. DATE REC'D BY HEALTH DEPT. All Saints Cemetery Reisterstown, Md. Was 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS J. F. Eline & Sons Reisterstown, Md. VS 150-REV. 1/1/65

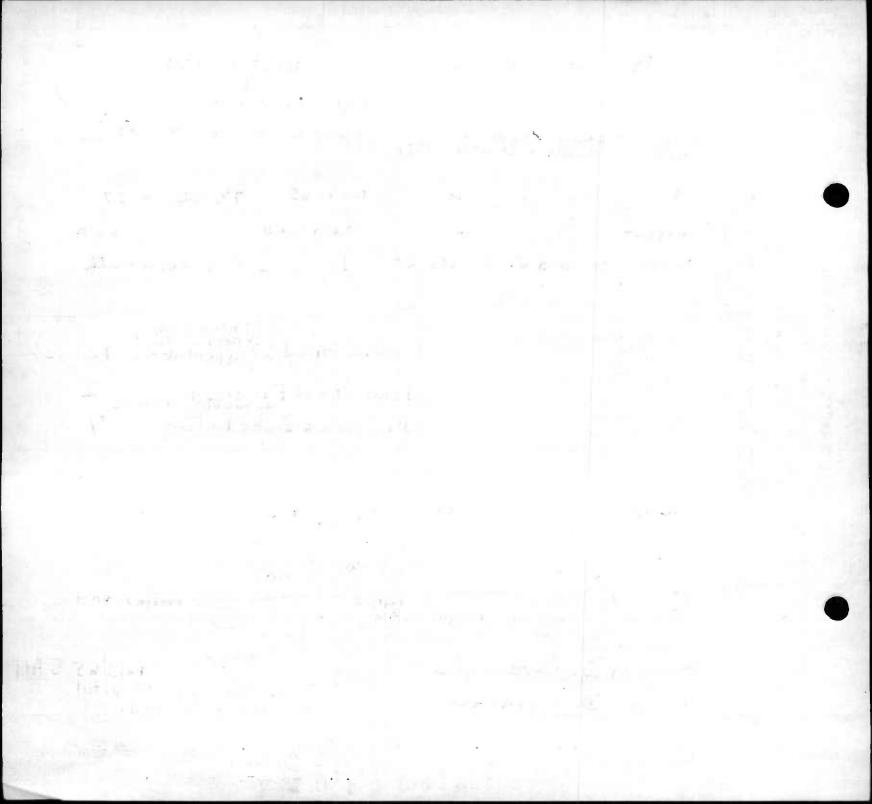
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

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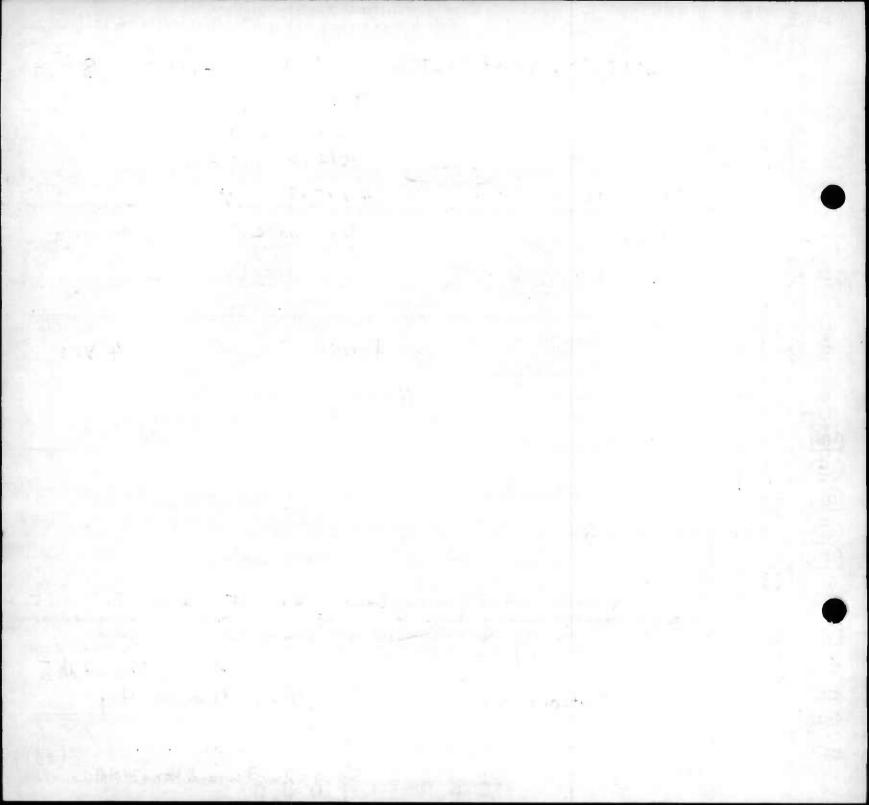
Qł., ſ	marysto. Mid.		BALTIMORE CITY	HEALTH DEPARTMENT		= 10440
BIRTH NO.	65 124	18	CERTIFICA	TE OF DEATH	Registered Na.	,5 12418
M.E CASE NO.	ECEASED	•		2. DATE	AND HOUR OF DEATH	
(Type or Print)	ITKONE	BARN	ES	12	3165 4AM	10
3. PLACE OF D	DEATH IN BALTIMORE,	MARYLAND		A. STATE B. CO	YTAUC	nstitution: residence befare admission)
FULL NAME	R oddress or lace	al ar institution, give	street		Mary's foutside city limits, write	RURAL and give township)
INSTITUTION		Hospita	1	RURAL	Damerm	md. 68-00
3 24:11	us Itopkins dren's Med	ical cent	er 6th Fl.	D. STREET ADDRESS	(If sure), give location)	
5. SEX	6. RACE	7, MARRIED, NE	VER MARRIED IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
M	N		no	10-7-65	7 1/2 WKS	- 57
dane during most	of warking life, even it retire		SINESS OR INDUSTRY	Mary lan	1	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S N	AME			14. MOTHER'S MAIDEN		, , ,
MRJ	HRS Berna	nd J. Ba	rnes, Ir.		ne Franci	es Smith
15. Was Deceas (Yes,na ar unkna	wn) (If yes, give war ar	lates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110 60 (5)	n		CAUSE O	E DEATH	(=	1 - A INTERVAL BETWEEN
DISE	ASE OR CONDITION	DIRECTLY	CAUSE	r DEATH	1: hennam	ONSET AND DEATH
Disc	LEADING TO DEA		Can	diuc Amest	20) peritani	lemia 12 hrs.
	not meon the mode ie, asthenio, etc. It med		DUE TO		(V
	omplication which cou		TI	al Renal F	L'Inco +	2
	ANTECEDENT CAU	ES	(B) I O T	al Icenai F	Metabolic a	icidosis.
	OR CONDITIONS,		D:	arrhead D	e hydratia	7
	the obove couse (A) siding ine	(C)	William &	City aracov	
	II .					
	DEATH BUT NOT R		hone			
	OF OPERATION 198. C	G IT.	CH OPERATION	, [20A. AUTOPSY? (Yes o	Nol 208 IF YES WERE	FINDINGS CONSIDERED
THE STATE OF	8 8 144.6.0	PERFORMED	dialysis for	- hyper. Ye	IN CERTIFYING CA	AUSES OF DEATH?
U 21A. ACCII	DENT WAS UNDERLYING	21 B. PL	CE OF INJURY (e.g., i	n or about 21C. WHERE DI	D (If in Baltima	re City, give exact lacotion)
& DEATH (no	IBUTING CAUSE OF	home, letc.)		ffice bldg., INJURY OCCUI	no	
21 D. TIME	(Manth) (Day) (Ye	or) (Haur) 21 E. IN.	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY	no	While Work	Not Whit	N.	٥.	
22 costi	ify that (1) (this bosn				19 to 1'	213 65 4AM 19
that (I) (w	ify that (I) (this hosp	sed alive on	13/65 3A	M 19 an		inion death accurred an the dat
				view the body after dea		mon death accorred an the dar
23A. SIGNA		ilated dodves (17)	re/ did/) did ildi/	riew the body differ dec		23B. DATE SIGNED
Han	orion	Currena	M.D. Att	ending Med. Director	Staff Phys.	12/3/65 5 AH
23C. PHYSIC	CIANS	2300 001 00	0	23D. ADDRESS -	11.01.	
	RISON D.	CAVANA	6H M.D.	JOHN	1 Hophum	Ma
24A. BURIAL C	REMATION, 248. DATE		of CEMETERY or CR	EMATORY 24	D. LOCATION	City, tawn, ar county) (State)
BURIAI		/65 MT.	ZION CEMPOR	DV	An INTRODE	76 4 77277 4 4770
	C'D BY HEALTH DEPT.	25B. NAME OF	ZION CEMETE	25C. FHATRAL PAREC	T. INIGOES	MARYLAND
DEC	7 1965 R.C	1. 5 E. Fred	ROUMA CO	P.B. ROEINS	ON - LEONARDT	OWN, MARYLAND
VS 150-REV. 1/	/1/65	7.0	3 0	U	1	



65 12419 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) DALTON Dec. 4. USUAL RESIDENCE (Where deceased RURAL ond If Under 1 Yi. If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? Amen' ADDRESS Mr Morris D. Coberth 3514 Woodring Av INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Baltimare City, give exact lacotion) .19.65 and that in (mx) (aur) apinian death accurred an the date (City, town, or county) Farkwood emetery 25C. FUNERAL DIRECTOR TIMOTO 25A. DATE REC'D BY HEALTH

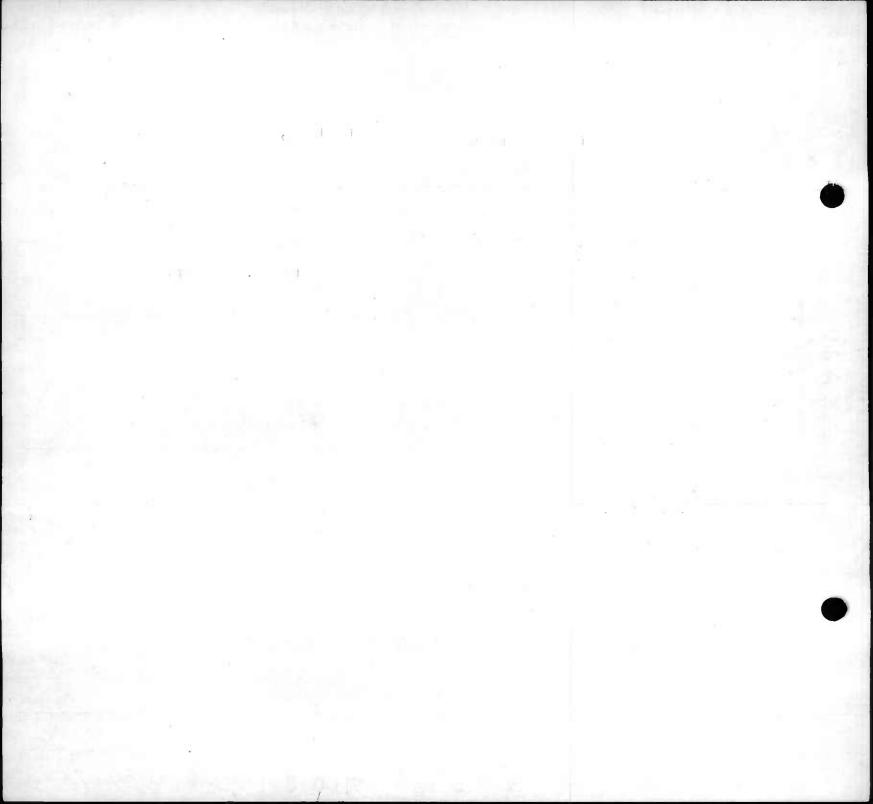
BALTIMORE CITY HEALTH DEPARTMENT

pital and of death the Such (4) Undetermined cause; (5) Deceased E O a hospital death.



BALTIMORE CITY HEALTH DEPARTMENT								
	TH NO. 65 12420	CERTIFICA	TE OF DEATH	Registered No	65 12420			
1.1	NAME OF DECEASED			AND HOUR OF DEATH				
litty.	GEORGE KE	ENGR	12	. 3 - 65	1305 PM			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COL	MIN	institution: residence before admission)			
	FULL NAME OF (If not in hospital or institut oddiess or location) INSTITUTION	ion, give street		outside city limits, write	RURAL and give township)			
13	JOHNS HOPKINS HOSP	ITAL	D. STREET ADDRESS	CNNSYL WA	NIA			
5.	SEX 6. RACE 7. MARI WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 108, KIN) ne during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?			
	FARMER Kel	d tarmer	PENN		USA			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME				
	JOHN J, KEENER		CATHERINE	M BARNET	T			
15.	Was Deceased Ever in U. S. Armed Forces? s, no ar unknown) (II yes, give war or dates at servi	1 6. SOCIAL	17. INFORMANT	4/	ADDRESS			
	Ues Worlds War	SECURITY NO.	munth!	Samuel	The Folia			
-	18. 44.4 1 V I	CAUSE O	F DEATH	reme	INTERVAL BETWEEN			
	DISEASE OF CONDITION DIRECTLY				ONSET AND DEATH			
1	LEADING TO DEATH	(A) RENA	L & CONGOST	DUG HEART FLAS	DUNG ~11/2 DAY			
	(This does not mean the mode of dying,	e.g., DUE TO	The shirt of the control of p = 0 a a a a 0 con a co con a a tree of any order					
	heoil foilule, osthenio, etc. Il means the diseose, injuly of complication which coused death.)							
	ANTECEDENT CAUSES (B) STRES SEBECTS FON ABD, AORTEC ANGMENTS M. DUE TO							
	DISEASES OR CONDITIONS, if ony, gi	ving	e seems were the	205 200				
	underlying Condition lost.	the (C) MINOR	coscibratic He	my deserte	***************************************			
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
ERTIFICATIO	19A. DATE OF OPERATION 19B. CONDITION F	^	* 1	No. 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
1 3	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	O o obout 21C. WHERE DID	(If in Boltimo	ore City, give exact facation)			
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, faim, lactory, street, of etc.)	fice bldg., INJURY OCCUR?					
EDI	OF INTHIBY	21E, INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?				
2	(APPROX.)	While At Not While At Work						
	22. I certify that (I) (this hospital) attended the deceased from							
					pinion death accurred on the date			
	and hour and from the causes stated abov	e. (I) (We) (did) (did not) v	iew the body after death					
	Don By De Co	M.D. Atte	nding Med.	Stoll Phys.	12-3-65			
	23C.PHYSICIAN'S		23D. ADDRESS	· · · j · · · · · · · · · · · · · · · ·	1 2 00			
	NAME (Type)	M.D.	TAHAIS HOPE	ENS HOSP	BOUTO MD			
24	A. BURIAL GREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CRE	JUNIOS KOVIE	7,4 1,001	City, town, or county) (State)			
124	REMOVAL (Specify)	Mc Kondreo	Moth Com	Location level	Ly Ly Chuk Co. P.			
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME QE REGISTRAR	26C. FUNERAL DIRECT	OR /	MODBESS			

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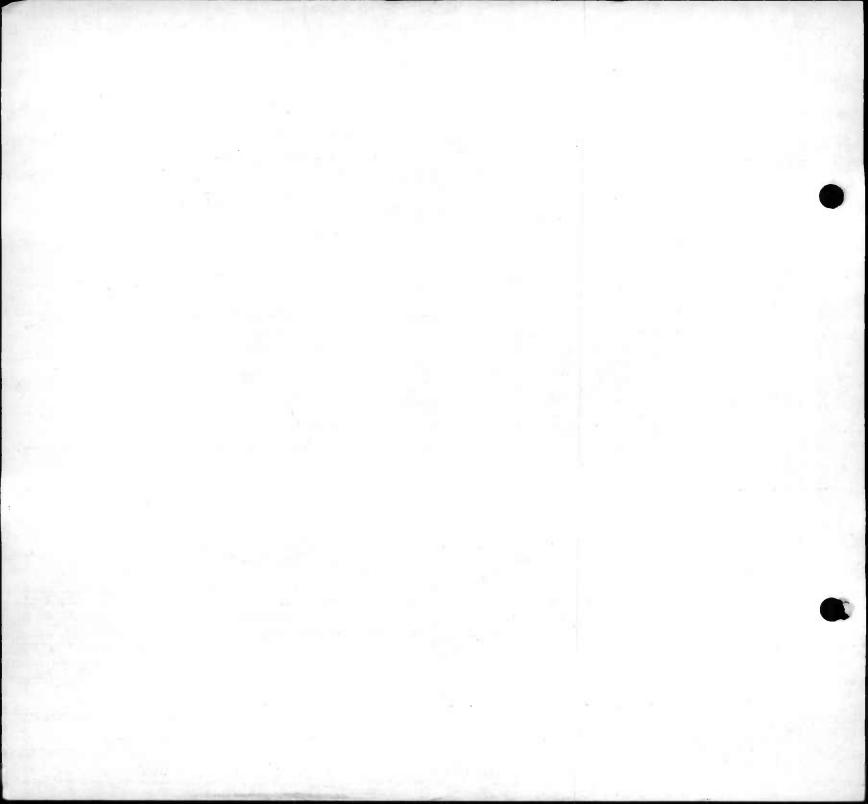
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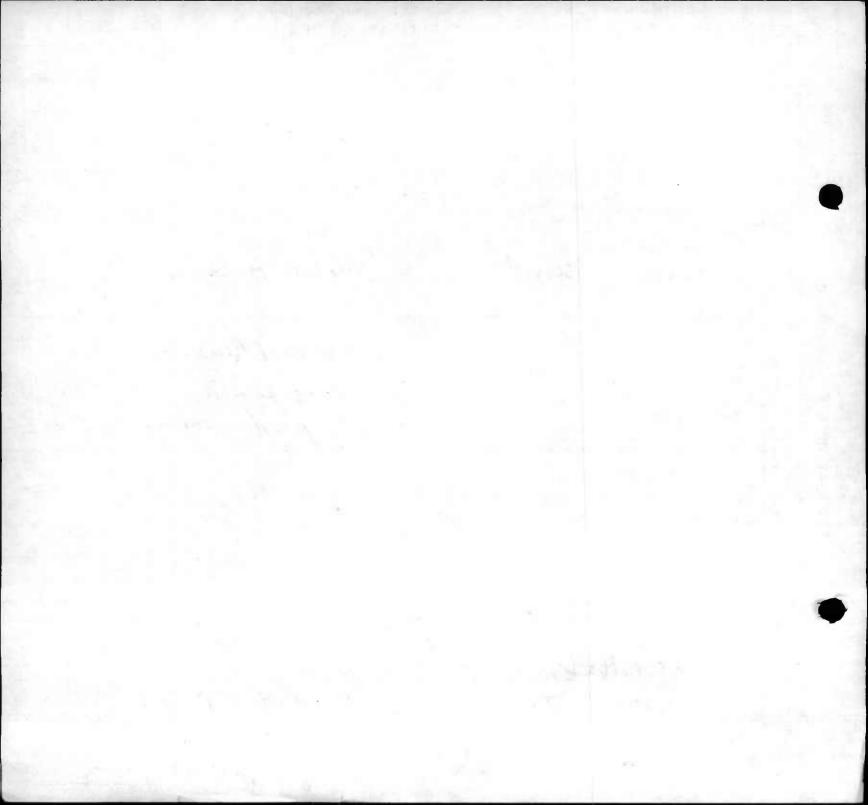
attendance

25C. FUNERAL DIRECTOR

25B. NAME OF



	05 40 40	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	и но 62-067/4 65 1242	CERTIFICA	TE OF DEATH	Registered No.	65 12122 /
	E. CASE NO. IAME OF DECEASED			ND HOUR OF DEATH	
	se or Print) Texasa Marie	Beckett.		> -5-6)	1 / 8
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	100000			n stitution residence before odmission)
	FULL NAME OF (If not in hospital or institu	lion, give street	M. B. COO.	NTY	HA
	HOSPITAL OR oddiess of focotion) NSTITUTION		Gen Burni		RURAE and give township)
2	Y			rurol, give location)	0 2-0
-	oniv Idose	P	7030 Crest	//	· .
5.	6. RACE 7. MAI	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	r cau	NEVER MARRIED	3-12-62	3	
	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
don	Coning mass of working me, even in remedy		Md.		USA.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
(Frome E. Benket		Beer bara	A. Showe	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of ser	16. SOCIAL	17. INFORMANT		ADDRESS
116	NO	SECURITY NO.	FAM. 14		86 me
	18. 204 31	CAUSE O	F DEATH	. /	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	10	of Day On	1 Housel	4
	(This does not mean the made of dying,	e.g., DUE TO	val emaj	Remorra	ge Timos.
	heart failure, asthenia, etc. It means the dis injury ar camp(icalian which coused death,)		/ /	, (- 0
	ANTECEDENT CAUSES	outocepop	ema.	3 days	
	DISEASES OR CONDITIONS, if ony, g	DUE TO	11/11	1.11	
	rise la lhe abave cause (A) slaling UNDERLYING CONDITION last.		Delymphocy	He heure	ma 4 mos.
MOIL	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		<i>y</i>		
CERTIFICA		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	o obout 21 C. WHERE DID	(If in Boltimor	e City, give exact location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
ž	(APPROX.)	While At Not While			
		Work At Work	7-7	20 6	13 = 5 65
	22. I certify that (I) (this hespital) attend	. 5 - 1-		19 (C.) to	12-5 19 60,
	that (I) (we) Tost saw the deceased olive				nion deoth occurred on the dote
	ond hour and from the causes stated about 23A. SIGNATURE	ve. (1) (346) (did) (did not) v	iew the body ofter deoth.		DATE SIGNED
	(+0 608 H) S	M.D. Atte	inding Med.	Staff	238. DATE SIGNED
	23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	12-3-63
	NAME (Type)	2110 M.D.	5500 Bold	allot11	Pike Batto. & My
24/		4C. NAME of CEMETERY of CRE	MATORY 24D. I	LOCATION (C	ity, town, or county) (State)
	REMOVAL (Specify) Record 12-8-65	Chen Heren	6 4	1 8	me
254		ME OF REGISTRAR	25C. FUNERAL DIRECTO	R/ 01	ADDRESS
	DEC 7 1363 P. C. of E.	to day MA	25C. FUNERAL DIRECTO McCally F. N	2370ato	pscupe
VS	150-REV. 1/1/65	3 6 5 0 0	00	ü	



rect or contributing cause of death (4) Undetermined cause; (5) Deceased occurred death direct or his assistant if IMPORTANT kind; any Also, of fracture the chief medical examiner FUNERAL DIRECTOR: 3 medical burns; Body 0 by (2) to the hospital any nature; 2 approved

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shows: (1) An was D.O.A.

the body was released

This certificate must

hospital

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BALTIMORE CITY HEALTH DEPARTMENT 65 12423 Registered No.. BIRTH NO. CERTIFICATE OF DEATH the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH IN BALTIMORE, MARYLANI eath. 4. USUAL RESIDENCE (Where deceased lived.) institution: residence before admission) A. STATE D. (If not in hospital or institution, give street FULL NAME OF O HOSPITAL OR oddress or location) (If outside city limits. RURAL and give township) write 0 prior CHINGTON made. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. PACE If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) lost birthday Hours 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) CTIMORS HOUSEWIFS 13. FATHER'S NAME the LO 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO attendance CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl foilure, osthenio, etc. It means the disease, regular injury or complication which coused death,) ANTECEDENT CAUSES DUE TO gre DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting the UNDERLYING CONDITION lost, obtained before the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examined MEDIC (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 9 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work ; and 22. I certify that (I) (this hospital) attended the deceased from pe that (1) (we) last saw the deceased alive an... and that in (my) (aut) apinton death accurred on the date eath) and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 23 B. DATE SIGNED ō Attending Phys. Med. Stoff M.D. 0 Director Phy s. approval 23D. ADDRESS 23 C. PHYSICIAN'S prior ZNAME (Type) deceased BURIAL CREMATION, 24D, LOCATION REMOVAL (Specify) written 25 CFUNERAL DIRECTOR VS 150-REV. 1/1/65

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 12424 CERTIFICATE OF DEATH BIRTH NO. of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) Grace Eugenia Hoover December 4,1965 uo hospital 4. USUAL RESIDENCE (Where deceased lived. It institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Undetermined cause; (5) Maryland COUSE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddross or location) C. CITY OR TOWN (If autside city limits, write RURAL and give township) attend INSTITUTION 0 Baltimore prior D. STREET ADDRESS (If rural, give lacation) contributing 3808 Delverne Road (18) occurred 3808 Delverne Road (18)made regular 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days If Under 24 Hrs. 5. SEX eceased Hours WIDOWED, DIVORCED (specily) last birthday) Female White Dec. 26,1879 Widow 12. CITIZEN OF WHAT COUNTRY? 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) disposition death done during most of working life, even if retired)
Housewife 2 Own Home 0 Baltimore, Maryland U.S.A. v OS 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the direct 4 John F. Klein Elizabeth Hiltz eath 0 15. Was Deceased Ever in U. S. Armed Forcas' 17. INFORMANT ADDRESS kind final (Yes, no or unknown) (II yes, give wer or dates of service) SECURITY NO. attendance 220-46-5274 No Linn B. Stavely 3808 Delverne Road (18) any CAUSE OF DEATH pronounced 10 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH cture (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, examiner examiner. 0 injury or complication which coused death,) fra regul ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) slating the <u></u> physician the remains UNDERLYING CONDITION lost the chief medical Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the O before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, foctory, street, olfice bldg., INJURY OCCUR? 3 ere (If in Boltimore City, give exect location) to the hospital °Z MEDICAL DEATH (notily modical examiner) etc.) Why nature; obtained 21 D. TIME (Month) (Day) (Your) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) Work At Work and any au 1945 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on NEC and that in (my) (aur) opinion death accurred on the date of eath) 0 and haur and from the causes stated above. (1) (Me) (did) (did not) view the body after death. was released hospit must accident 23A. SIGNATURE 23 B. DATE SIGNED 0 Attending Phys. M.D. Staff 0 Director Phy s. approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) An O.A. 24A. BURIAL CREMATION. 24C. NAME OF CEMETERY OF CREMATORY eceased the body REMOVAL (Specily) shows: Dec.7,1965 Parkwood Cemetery Baltimore County Maryland Burial 25B. TAME OF REGISTRAR M ds 25C. FUNERAL DIRECTOR ADDRESS

Wm.Cook-Brooks, Inc.

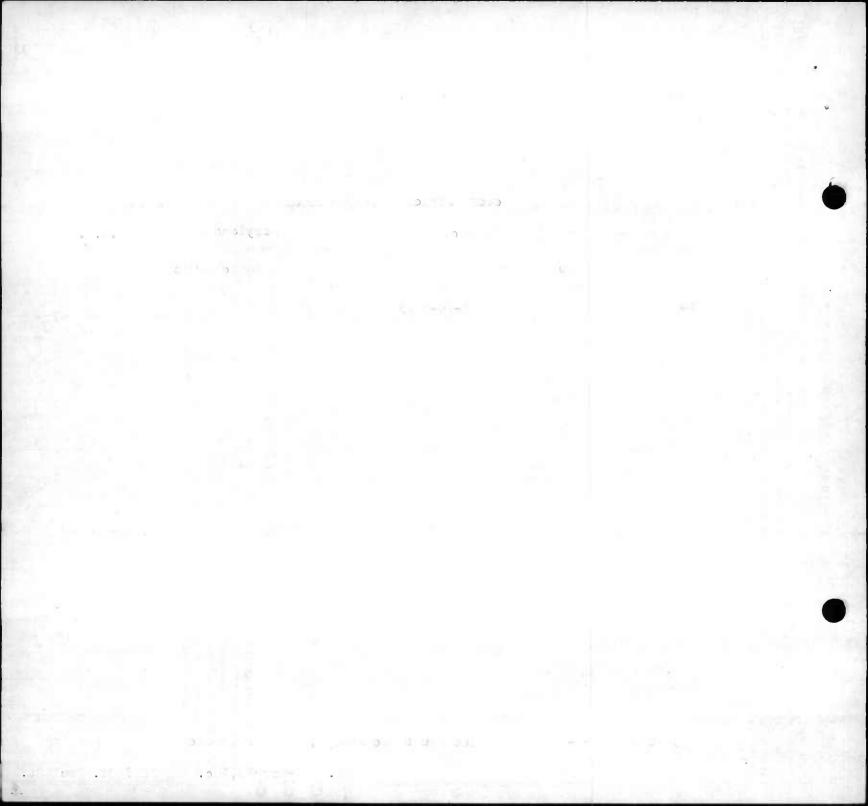
1217 St. Paul Street

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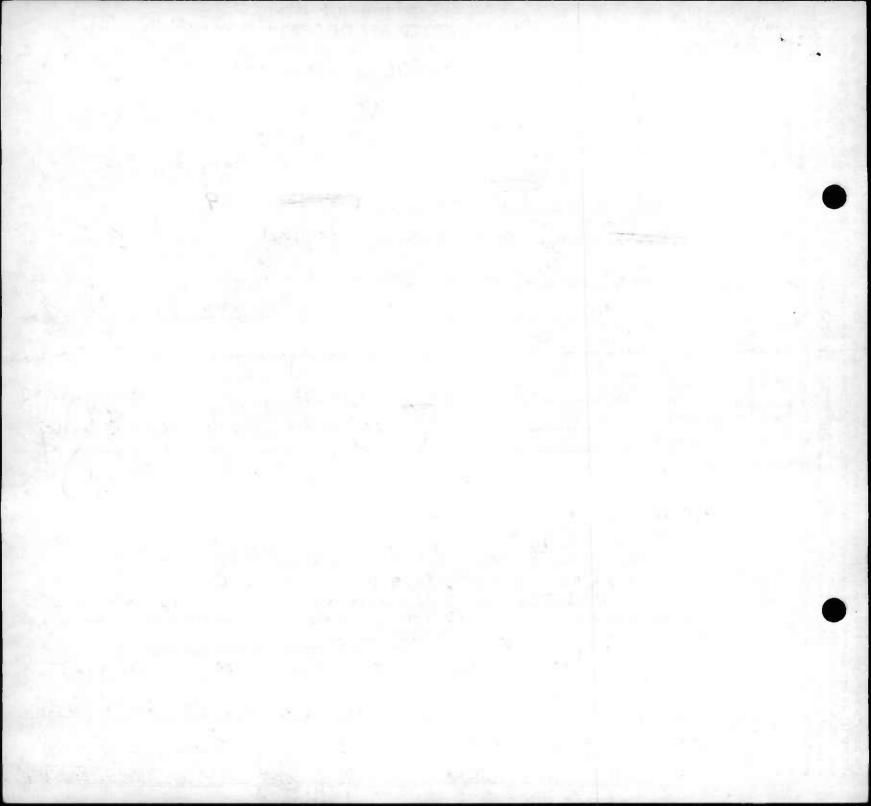
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	spital and of death	eath. Such
•	rred in a ho outing cause ed cause; (5	ar attendar prior to d ide.
•	death occur ct or contrib Undetermin	vas in regul he deceased osition is ma
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
E	Also Ire of	atte
RECTOR:	examiner. examiner. 3) A fractu	n regular are emba
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JERA	a med	sician the re
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65 124	195	HEALTH DEPARTMENT	Jan. 100	40405
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	1.6460
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
weeptr C, &	noy) 5	2/2/65	8 P
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND /	A. STATE B. COUN		stitution rosidonco before odmission
HOSPITAL OR oddress or location)				URAL ond give township)
INSTITUTION	C. CITY OR TOWN (If our	iolog olly willing, willion	5200	
3/9 . + /	D. STREET ADDRESS (IF	rurol, givo locotion)	and and and	
University to	pelal	5743	Ednor	don au.
Mala	MARRIED, NEVER MARRIED MIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
6A, USUAL OCCUPATION (Give kind of work) 10B.	Never Married	11. BIRTHPLACE (Stote or fore	ion country)	12, CITIZEN OF
lone during most of working life, even if retired)			Charles See	WHAT COUNTRY?
Retired	Laborer		ryland	U.S.A.
3. FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
John K	nox		Annie Davis	
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yos, give wor or dotes of	sorvico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	212-14-2015	george Lo	Eld rever 141	O Sharingent 14
18. 44. 20. 11	CAUSE O	F DEATH	1	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECT	LY	2		ONSET AND DEATH
LEADING TO DEATH	(A)	ulyman - Er	clemn	
(This does not mean the made of dyi			Access to November 1995	
heart failure, asthenia, etc. It means the injury or camplication which coused dea	4			
ANTECEDENT CAUSES	(B)	d to Cornoy	- M. Green	
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) sta			100m == = = 00m 0 = m = = 0 = 0 = 0 = 0 =	0 000000
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED				
DISEASE OF CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	FINDINGS CONSIDERED	
WAS PERFORM			IN CERTIFYING CAL	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o otc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exect location)
21D. TIME (Month) (Doy) (Year) (H	our 21 E. INJURY OCCURRED	21F. HOW DID INJ	JURY OCCUR?	
(APPROX.)	While At Not Whi			
	1061-			
22. I certify that (I) (this hospital) at	T			
that (1) (we) lost sow the deceased o	nion death accurred an the de			
and hour and fram the causes stated				
23A. SIGNATURE			23B. DATE SIGNED	
190 hower	M.D. Att	ending Med.	Stoff Phys.	14/2/6/-
23C. PHYSICIAN'S		23D. ADDRESS	. 0	
NAME (Type) Orge 10	wrence M.D.	Un cera	I Post	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (Ci	ty, towp, of county) (Stote)
REMOVAL (Spocify)				
Cremation 12-6-65	Greenmount Cr	25C. FUNERAL DIRECTOR	Baltimore	Maryland
DEC 7 1965 Relieb 8	NAME OF REGISTRAR			
		Wm.Cook-Bro	JKS, IIIC.	1217 St. Paul St
VS 150-REV, 1/1/65	6 13 3 6 1	1 (1 ,) (1	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and 🔇 the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7	BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. M.E. CASE NO. 65 12426 CERTIFICATE OF DEATH Registered No. 65 12426
	TNAME OF DECEASED BURNA TOLIN ROLLEGA SOFTENDE 12-4-65 10 10 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND / 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION INSTITUTION INSTITUTION INSTITUTION INSTITUTION
	Boltimore
	HOM MINKING KU TIS
	5. SEX 6. RACE Whole 1000 FD 15. SEX 6. RACE Whole 1000 FD 15. SEX 16. RACE Marked 1000 FD 16. RACE 17. MARRIED 18. DATE OF BIRTH 19. AGE (In years lift under 1 Yr. If Under 24 Hrs. Manths) Manths 1000 FD 1000 FD 1000 FD
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRNHPLA OF (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHERS NAME 14. MOTHERS MAIDEN NAME
	Eugene Kolomtich Sarah?
	15. Was Deceased Ever if U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 2 17. INFORMANT 53.56 Carriag 7
	18. 420-1 d /65 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) atula Myacardur Aufard ? < lu
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES (8) HAS CUP
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ?
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	EV15 Nov. 65 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) Contribution Cause Of Contribution Cont
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At A Not While At
	22. Learnify that (1) (this hashital) ottended the deceased from 11-14-75
	that (1) we) last sow the deceased alive an 12-4 19.65 and that in (my) (aur) apinion death accurred an the date
	and hour and fram the causes stated above (I) (We) (did) (did nat) view the body after death. 23A. SIGNATURE
	Harry Malen M.D. Attending Med. Stoff Phys. 12-4-65
	23C. PHYSICIAM'S NAME (Type) M.D. 675 (Carrier M.L.)
	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY CREMATORT 24D. LOCATION (City, town, or county) (Stote)
	Burial 12/5/65 Islmech Black Battemore, Ind.
	DEC 7 1965 R. O. A. E. Fa. Bruka Val Leismon & Blos 6010 Keisterstowned



Undetermined cause; (5) Deceased contributing occurred regular death = 0 Was direct (4) eath kind; 0 any O pronounce Also, of fracture the chief medical examiner ho ⋖ 3 ල physician medical burns; Body 0 8 by (2) ere to the hospital

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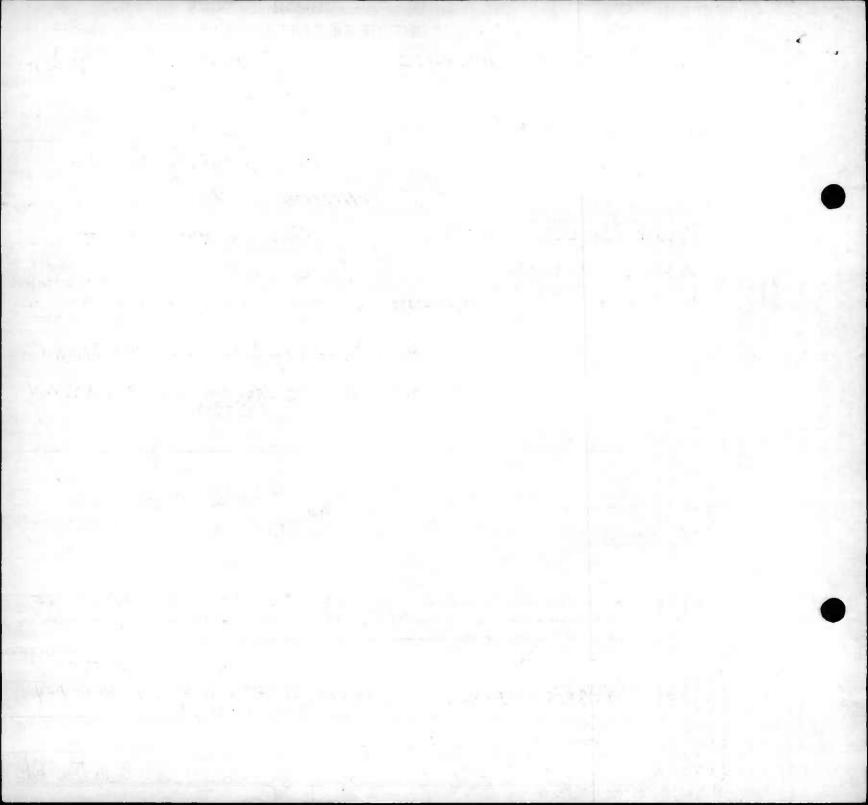
of death

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hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN SALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission COUNT FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR outside city limits, write RURAL and give HEBREW HOME * INFIRMARY D. STREET ve location 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED (specify) Months Doys Hours lost birthday dawe nd of work 108 KIND OF BUSINESS OR INDUSTRY ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S 15. Was Deceased Ever in U. S. Anned Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of SECURITY NO. YES WW CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY IN ACUTE MYSCARDIAL INFARCTION LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) CARDIOVASCULAR NOT KNOWN ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION lost, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner etc. MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work 22. I certify that (4) (this hospital) ottended the deceased from that (4) (we) lost saw the deceased alive on ond that in (wy) (our) opinion death occurred on the date ond haur and from the causes stated above. (4) (We) (did) (did-me) view the body after death, 23A. SIGNATURE Attending Phys. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS EBREW HOME & INFIRMARY NAME (Type) GEORGE BALTIMORE 24A. BURIAL CREMATION, LOCATION (State) REMOVAL (Specify) 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR VS 150-REV, 1/1/65



death assistant if IMPORTANT examiner DIRECTOR the chief medical FUNERAL by the hospital by

examiner.

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the body

certificate must

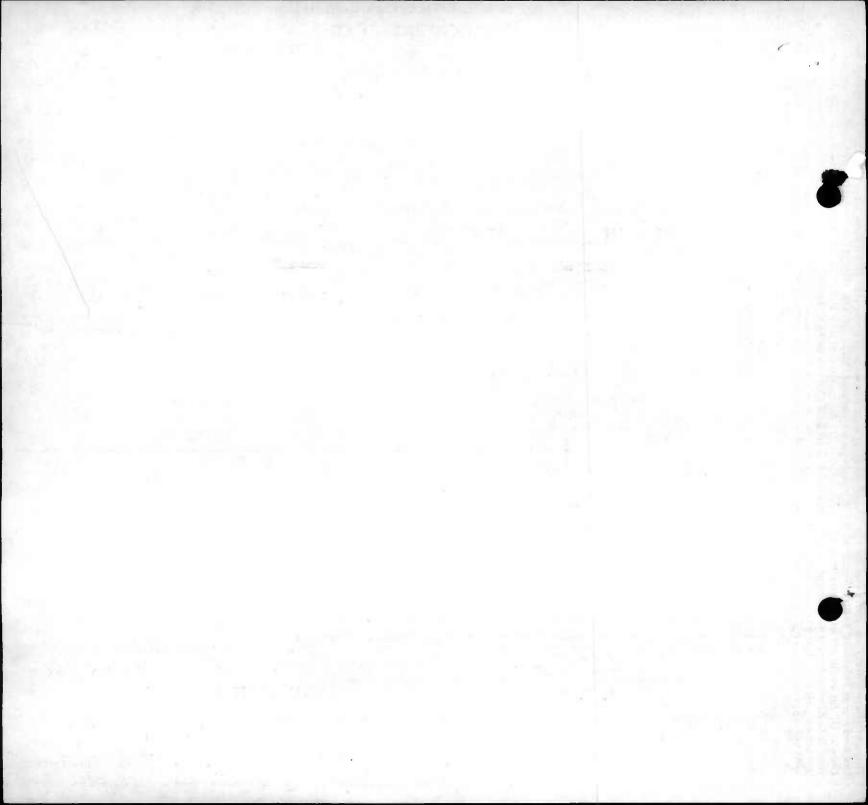
hospital

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Cause

contributing

BALTIMORE CITY HEALTH DEPARTMENT 65 12428 Registered No. 65 12425 CERTIFICATE OF DEATH BIRTH NO. of death Deceased the Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) no death. 3, PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before admission) gnce (2) FULL NAME OF (If not in hospital as institution, give street HOSPITAL OR oddress or location) outside city limits, write RURAL and give township! attend (4) Undetermined cause; 0 prior D. STREET ADDRESS (If rurol, give location) is made. regular 9. AGE (In years lost birthdoy) MARRIED NEVER MARRIED WIDOWED, DIVORCED (spe If Undo: 24 His. 5. SEX A. PACE 8. DATE OF BIRTH If Under 1 Yr. deceased Months Doys Hours DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (State or foreign country) disposition done during most of working life, even if retired) USA HOUSEWIFE AT HOME 551a Mas 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME FELD BLUM death HO kind; 7. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) or final SECURITY NO. 3603 CWYNN OAK AVE MRS. IDA ZIGMAN attendance any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving 3 rise to the obave couse (A) stating the physician remains UNDERLYING CONDITION last. burns; Mas CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where °Z. DEATH (notify medical examined etc.) nature; MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) At Work and Work any 22. I certify that (I) (this hospital) attended the deceased fram... 65 19 and that in (my) (our) opinion death occurred on the date that (1) (we) last saw the deceased alive an of hospital death) and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. must An accident 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff M.D. 2 Phys. Director approval ō 23D. ADDRESS INAI HOSPITAL 23C. PHYSICIAN'S prior 40 NAME (Type) COMAN M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE REMOXAL (Spocify) 12/7 24C, NAME of CEMETERY OF CREMATORY BALTIMORE, MARYLAND 24D. LOCATION eceased SFARD OHR KNESSETH ISRAEL ANSHE written shows: MOS 25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR BROS. INC. 6010 REISTERSTOWN RD O VS 150-REV. 1/1/65



25A. DATE REC'D BY HEALTH

VS 150-REV. 1/1/6S

DEPT.

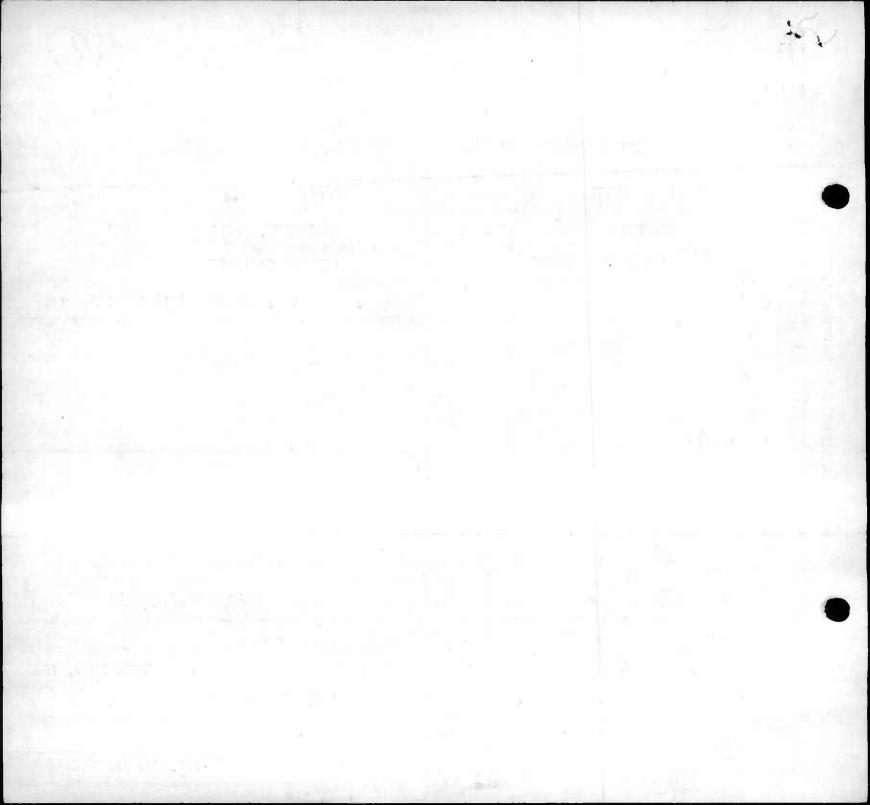
1965

25B. NAME OF REGISTRAR

		BALTIMORE CITY	HEALTH DEPARTMENT			
BIR	тн но. 65 12	429 CERTIFICA	TE OF DEATH Registered No.	65 19400		
	E CASE NO.	11.0	2. DATE AND HOUR OF DEATH	00 10029		
(Ту	pe or Print) ANNA T	DICKLER	DECEMBER 3, 1965	17:20 P M		
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. If in A, STATE B. COUNTY	stitution: residence before admission)		
		or institution, give street	MARYLAND	15-09		
	HOSPITAL OR oddress or location	·n)	C. CITY OR TOWN If outside city limits, write	RURAL and give township)		
1	3210 GARRISO	N ROLLEVARD	D. STREET ADDRESS (If rurol, give location)			
	JZ TO ONKRISO	N DOULEVIEW	3210 GARRISON BOULEVAR	D		
5.	SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.		
	FEMALE WHITE	MARRIED	7/31/1899 lost bighdoy)			
	USUAL OCCUPATION (Give kind of wor the during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSEWIFE	AT HOME	BALTIMORE, MARYLAND USA			
13.	FRANK SCHLOSSBE	EDC.	14. MOTHER'S MAIDEN NAME			
	LKANK SCHLOSSDE	:KG	REBECCA SABLOWITZ			
15. fY e	Was Deceased Ever in U. S. Armed Fo s,no ar unknown) (If yes, give war or date	es of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	NO			10 GARRISON BLVD		
	1B. 153.31	CAUSE	1 A	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DI	RECTLY	commanded on & Somme	I Amonths.		
	(This does not mean the made of	dying, e.g., DUE TO	inma of lorn & Symminm			
	heart failure, asthenio, etc. It means injury ar camplication which coused		In 14			
	ANTECEDENT CAUSES		21/11/1	00144444400000000000000000000000000000		
	DISEASES OR CONDITIONS, if	any, giving				
	rise to the above cause (A) UNDERLYING CONDITION last.	slating the (C)		00 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
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ON	OTHER SIGNIFICANT CONDITIONS OF					
CATIO	DISEASE OR CONDITION CAUSING	IT,	120 A ALITOBEY2 (Yes or Noll 20R to yes Webs	EINDINGS CONSIDERED		
CERTIFI	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CER	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)					
A	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?					
EDIC	O 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?					
2	(APPROX.) While At Not While At Work					
	22 Learning show (1) (ship happing) attended she deceased from a 19 4 9 to 11 3 to 10 6 1					
	that (1) (we) last saw the deceased alive on 4263 1965 and that in(my) (aur) opinion death occurred					
	and haur and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.					
	23A. SIGNATURE	1142		238. DATE SIGNED		
	2 1111/10	M.D. Att	ending Med. Stoff Phys.	DECEMBER 4, 1965		
	23C. PHYSICIAN'S NAME (Type) DD LADOL	IN II PTV	23D. ADDRESS	n		
	DK. HAROI	LD H. BIX	1401 REISTERSTOWN ROA	5 <i>V</i>		
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR		ity, town, or county) (State)		
	RUPTAI 11/5/63	5 BETH TFILOH	BALTIMORE	MARYLAND		

SOL LEVINSON &

BROS. INC. 6010 REISTERSTOWN

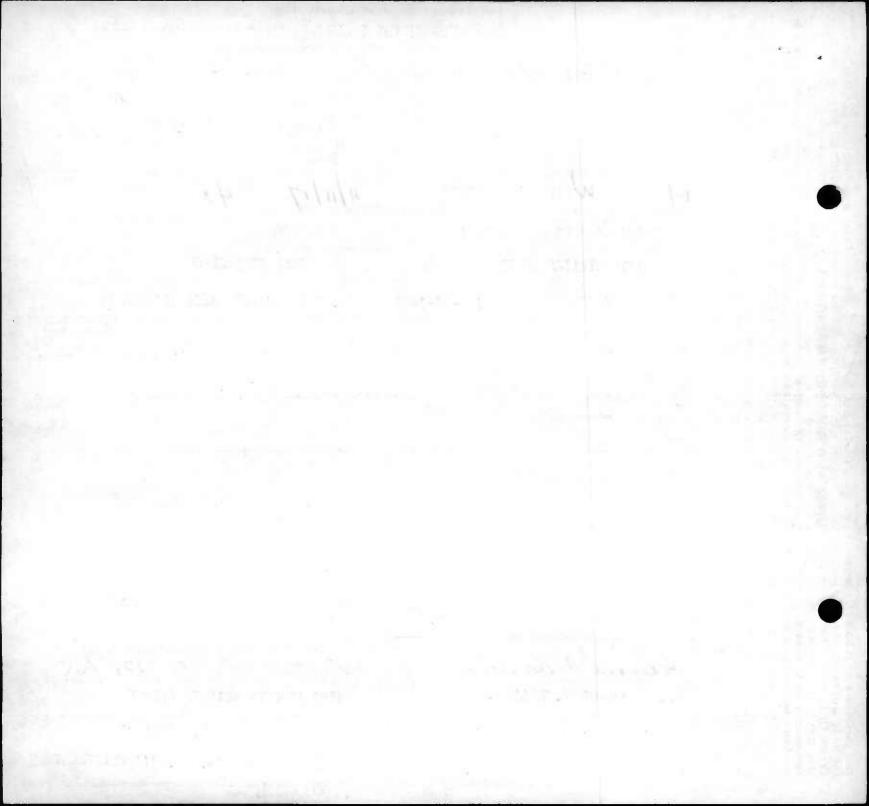


	C5 4	CERTIFIC	ATE OF DEATH Register	5. <u>12430</u>
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	65 11 KATHERII	VE KORB	2. DATE AND HOUR OF DEA	
FULL NAME OF HOSPITAL OR	F (If not in haspital address ar lacotiar	or institution, give street	MARY LAND	If institution: residence before odmi
	RMARY.		D. STREET ADDRESS (If rural, give location) LEVINDALE AGED HOME (G	REENSPRING & BELVE
5. SEX FEMALE	WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost in day)	If Under 1 Yr. If Under 2 Months Days Hours A
done during most of	JPATION (Give kind of work working lile, even if retired) IACIST	TOB, KIND OF BUSINESS OR INDUSTR DRUG STORE	IT 11. BIRTHPLACE (State or fareign country) EUROPE	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	MENDEL KORB		14. MOTHERS MAIDEN NAME REBA ?	
	Ever in U. S. Armed For)(If yes, give war ar date		17. INFORMANT MR. HERMAN ROSENBERG 351	ADDRESS 10 ANTON FARMS RD
1B. // C	7/81	CAUSE	OF DEATH	INTERVAL BETWEE
rise la the UNDERLYING	OR CONDITIONS, if a above cause (A) CONDITION last.	stating the (C)		1
V OTHER SIGNITO TO THE DISEASE OR	e above cause (A) G CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION [198, CON	ONTRIBUTING ONTRIBUTING TO THE ARTE RIDSO DITION FOR WHICH OPERATION	PLEROTIC EAR DIOVAS CULTURE [20A. AUTOPSY? (Yes or No!) 20B. IF YES, WI	
TISE TO THE TO T	e above cause (A) G CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	ONTRIBUTING TED TO THE ARTE RIDSO DITION FOR WHICH OPERATION ORMED [218. PLACE OF INJURY (e.g.,	NO IN CERTIFYING	SEASE NOT KNO ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNITO THE DISEASE OR DISEASE OR 21A. ACCIDE! OR CONTRIBL	e above cause (A) G CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 119B. CON WAS PERI NT WAS UNDERLYING TING CAUSE OF	ONTRIBUTING THE ARTE RIDSO DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., hame, farm, lactary, street, etc.)	NO IN CERTIFYING in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?
OTHER SIGNITO THE DEATH (natify (APPROX.)	e above cause (A) G CONDITION last. FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON WAS PERI NT WAS UNDERLYING TING CAUSE OF medicol examines) (Month) (Doy) (Year) that (A) (this haspital last saw the decease d fram the causes state	ONTRIBUTING TED TO THE ARTE RIDSO TIED TO THE RIDSO THE RIDS THE RIDSO THE RID	NO IN CERTIFYING in ar about 21C, WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? hile 2 1959 to and that in (**) (aur)	more City, give exact location) 12/4/196 apinian death accurred an the
or contribution of injury (APPROX.) rise la the UNDERLYING OTHER SIGNITO THE D OTHER SIGNI	e above cause (A) G CONDITION last. FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 19B. CON WAS PERI NT WAS UNDERLYING JTING CAUSE OF medicol examine) (Month) (Doy) (Year) that (A) (this haspital last saw the decease	ONTRIBUTING TED TO THE ARME RIDSO DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., hame, form, lactory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At At Wark At Wark attended the deceased from dalive an 12/4 per second dalive and dalive	NO IN CERTIFYING IN CERTIFYING In ar about 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 5 and that in (**) (aur) view the bady after death. ttending Med. Stoff Phys. ** Phys. ** NO IN CERTIFYING (If in Bolting in Bol	more City, give exact location) 12/4/196 apinian death accurred an th
TISE IN UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19A.DATE OF OR CONTRIBL DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (we) and haur and 23A. SIGNATU	BE ABOVE CAUSE (A) CONDITION IOSI. FICANT CONDITIONS CONDITIONS CONDITION CAUSING IOPERATION 198. CON WAS PERION (Month) (Doy) (Year) That (A) (this haspital last saw the decease of from the causes state of the course of the	ONTRIBUTING JED TO THE ARTE CIDSO DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., hame, farm, lactary, street, etc.) (Haur) 21E. INJURY OCCURRED While At Not What Wark Outline At Wark At Wark attended the deceased from ded alive an 12/4 ed abave. (We) (did) (did of) GET BERCU. A.D. Alpha ALCANAME of CEMETERY of C	IN CERTIFYING IN CERTIFYING in ar about 21C. WHERE DID affice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 59 ta 19 65 and that in (**) (aur) view the bady after death. Itending Med. Stalf pys. Phys. X 23D. ADDRESS LEVINDALE HEBREW HOM BRILTIMORE MD. REMATORY 24D. LOCATION	more City, give exact location) 12/4/196 apinian death accurred an th



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BIRTH NO. C5 4031		TE OF DEATH	Registered No.	19424
BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED.	CERTIFICA		AND HOUR OF DEATH	IN ICA
(Type or Pint) SPITZ	STON HAR	old 12	SIGS 2 Vere déceosed lived. If i	A. M. institution residence before odmission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or lacotion) INSTITUTION	tion, give street	MARYLAND	putside city limits, write	RURAL (and give township)
J SINAI HOSPITA	AL	D. STREET ADDRESS 3828 KILBU	RANDALLS If jural, give location) JRN ROAD	STOWN 3300
	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL O CCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired) SALES MANAGER	d of business or industry RETAIL	NEW YORK	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME LATE WILLIAM SPIT	Z	14. MOTHER'S MAIDEN N	GREENBERG	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or doles of serv WW 2 ARMY	16. SOCIAL SECURITY NO. 109-01-1493	MRS. CELIA S	PITZ 3828 K	ADDRESS ILBURN RD
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, estheric, etc. It meens the dist injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	(B) Const	rute My 10. Brioschrotec	ential Afre	nofon -ac
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 198. CONDITION IN WAS PERFORMED WAS PERFORMED.	THE	20 A. AUTOPSY? (Yes at	No. 208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	218. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or about 21 C. WHERE DID	-	re City, give exact location)
21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.)	21 E INJURY OCCURRED While A1 Not While Wark Not Work		NJURY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive and haur and from the causes stated above.	on 12/5	19.65 and		12/5 1965
23A. SIGNATURE	leice M.D. Att	ending Med. S. Director	Stoff Phy s.	12/5/65
NAME (Type) EDWARD A. KALLI	NS M.D.	4300 LIBER	TY HEIGHTS A	VENUE City, town, or county) (State)
BURIAL 12/6/65			ALTIMORE, MA	RYLAND
25A. DATE REC'D BY HEALTH DEPT. 25B. NA DEC 7 1965 P	ME OF REGISTRAR	SOL LEVINSON	PRE BROS. INC.	.6010 RETSTERSTOWN R
'S 150-REV. 1/1/65	الله عليه ال		2	



contributing cause of death (4) Undetermined cause; (5) Deceased occurred death Was assistant if IMPORTANT kind; any Also, of fracture the chief medical examiner FUNERAL DIRECTOR: 4 3 medical (2) Body burns; O by to the hospital any nature; by approved of certificate must be the body was released shows: (1) An accident

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13. FATHER'S NAME

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1242

BIRTH NO.	65	12432	CERTIFICATE OF	DEAT
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		11/	en v.	2. DA1

F DECEASED	2. DATE AND HOUR OF DEATH
Mouris S. Werstrin	12/5/65
OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence be

(If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) limits, write RURAL INSTITUTION

D. STREET ADDRESS (If rurgl, give location) MARRIED, MEYER MARRIED 9. AGE (In years 6. RACE B. DATE OF

Il Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. 5. SEX WIDOWED, DIVORCED (specify) Hours lost birthdoy) RR18

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? toreign country) done during most of working life, even il retired) RETIRED MERCHANT RUSSIA USA

UNKNOWN UNKNOWN ADDRESS 15. Wes Deceesed Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL

(Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO. REISTERSTOWN MRS. KATE SILVERSTEIN 3529 NO

14. MOTHER'S MAIDEN NAME

INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the diseose, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony,

to the above cause (A) stating the UNDERLYING CONDITION last Atrial

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION

208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) MEDICAL DEATH (notify medical examiner etc.) 21 D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR?

OF INJURY Not While [While At (APPROX.) Work At Work

22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an.... 19 and that in(my) (aur) apinion death accurred an the date

and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.

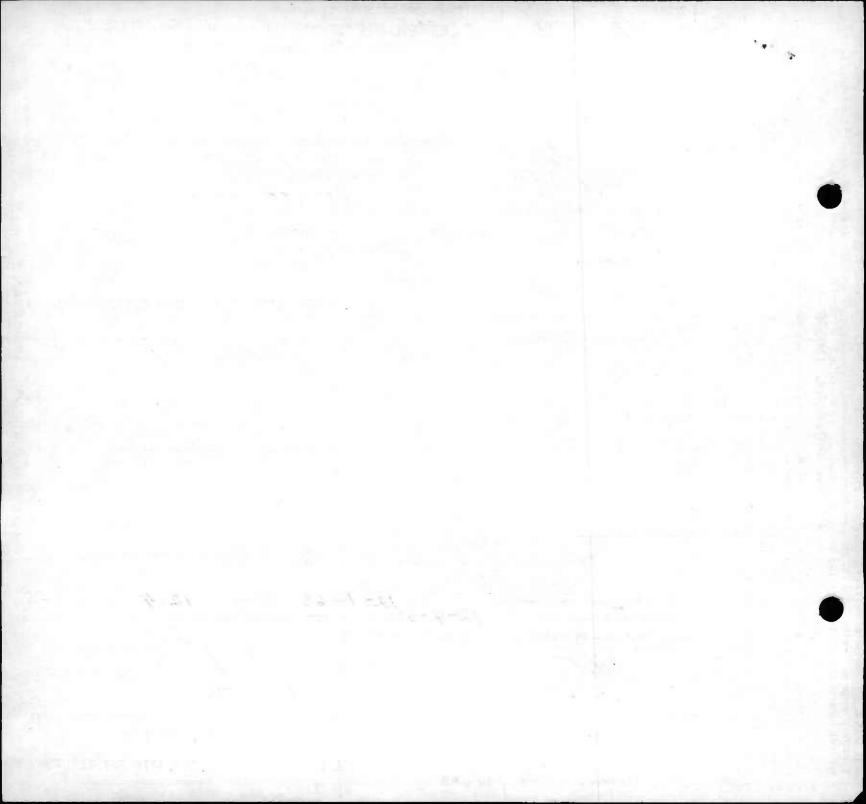
23A, SIGN AT URE 23B. DATE SIGNED

Stoff Attending Phys. M.D. Med. Director 23D. ADDRESS 23C. PHYSICIAN'S IMAI NAME (Type) CORMAN

HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C, NAME el CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)

REMOVAL (Specify) ROSEDALE. MARYLAND BURIAL 12/6/65 SHAAREI ZION

25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SOL LEVINSON LEVINSON & BROS. INC. 6010 REISTERSTOWN RD

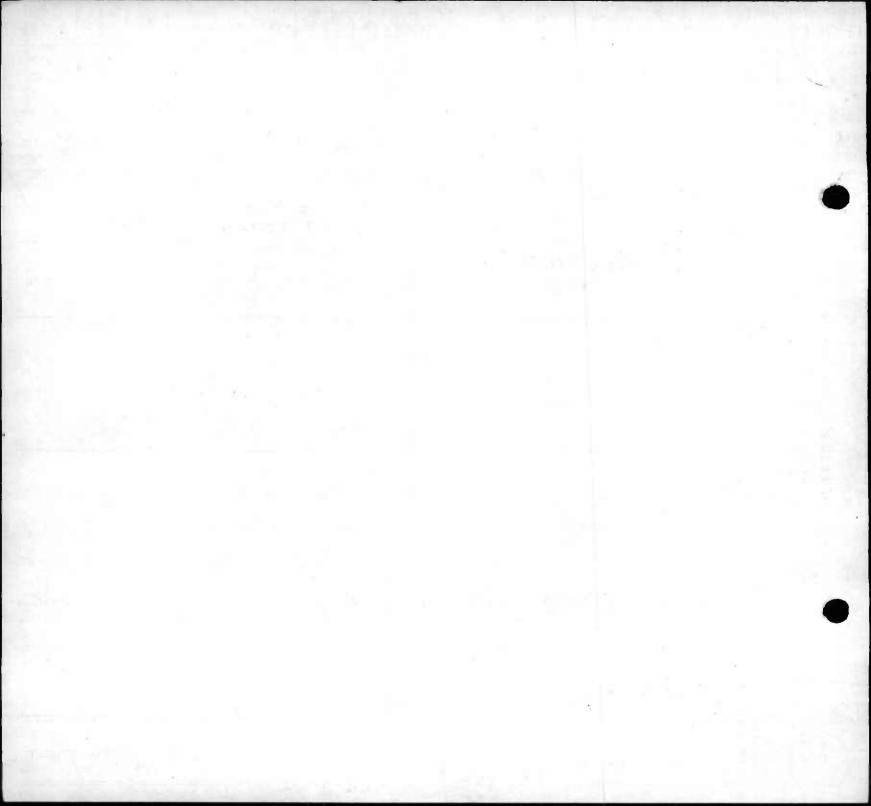


the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in FUNERAL DIRECTOR: IMPORTANT

VS 150-REV. 1/1/65

a hospital and

	BAL	TIMORE CITY H	HEALTH DEPARTMENT	6	5 12433
8	IRTH NO. 65-2964965 12433 CE	RTIFICAT	E OF DEATH	Registered Na.	0 16400
1	NAME OF DECEASED TON BABY	B0 4		HOUR OF DEATH	18 42 P
17.7	PLACE OF DEATH IN BALTIMORE, MARYLAND	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. USUAL RESIDENCE (Where A, STATE B. COUNT	deceased lived. If insti	tution: residence before odmission)
	FULL NAME OF (If not in hospital or institution, give street		Me B	altimos	e
	HOSPITAL OR oddress or locotion)		C. CITY OR TOWN III outsi		RAL and give township)
1	3 JOHNS HOPKINS	1	D. STREET ADDRESS (II tu	rol, give location)	10-03
	HOSPI	Ta!	321 E N	ORTH A	VE
T-V	SEX 6. RACE 7. MARRIED, NEVER M. WIDOWED, DIVORCE		11-28-65 P	AGE (In years est birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS one during mast of working life, even if retired)	OR INDUSTRY 1	BALTIMO		12, CITIZEN OF WHAT COUNTRY?
	3. FATHERS NAME	1	4. MOTHER'S MAIDEN NAM	E	
	Charles Helton	-	MARGARE	+	
Ī	S. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of service) 16, SOCIA SECUR	ITY NO.	7. INFORMANT	1 2/	ADDRESS
1	18.773 (CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONZEL WIND DEVIL
	LEADING TO DEATH (This does not mean the made of dying, e.g.,	(A) DUE TO			
	heorl foilure, osthenio, etc. II means the disease, injury ar camplication which caused death.)	0 -	1	notinge	3
	ANTECEDENT CAUSES	DUE TO	spiratory	131511635	2
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	(c) PR	EMATURI	ΓΥ	4
	ll l				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	ERATION	20 A. AUTOPSY? (Yes of No)	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF OR CONTRIBUTING cause of DEATH (notify medical examine)	INJURY (e.g., in ctory, street, offic	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact locotion)
li	O 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY O	CCURRED	21F. HOW DID INJU	RY OCCUR?	
	OF INJURY (APPROX.) While At The Work	Not While At Work			
	22. I certify that (1) (this haspital) attended the deceas	ed from 12	12/65 15	10 12	13 1965.
4	that (I) (we) last saw the deceased alive an	73	19 6 5 and tha	t in (my) (aur) opini	an death accurred an the date
	and haur and fram the causes stated abave. (1) (We) (di	d) (did nat) vi	ew the bady after death.	-	DATE CIGNED
1	23A. SIGNATURE	M.D. Atten		Stoff N	17 3 65
	23C. PHY CIAN'S	Phy s.	Director P	Phys.	1111-5
	NAME (Type) VEKYA WINKALSTRIN	M.D.	Johns H	LIEKUN H	odpital
	24A. BURIAL CREMATION 24B. DATE 24C. NAME of CE	METERY OF CREA	AATORY 24D. LO	CATION City,	town, or county) (Stote)
	Grew at 50 12-4-65 J. H	++.	60	to. No	eaduay
	DEC 7 1965 OF P. 25B. NAME OF REGISTR	AR	25C. FUNERAL DIRECTOR	Sm Oto	ADDRESS
-11	- SOUTH OF THE PROPERTY OF THE	1 Y 1 E	1 1 1	2000	

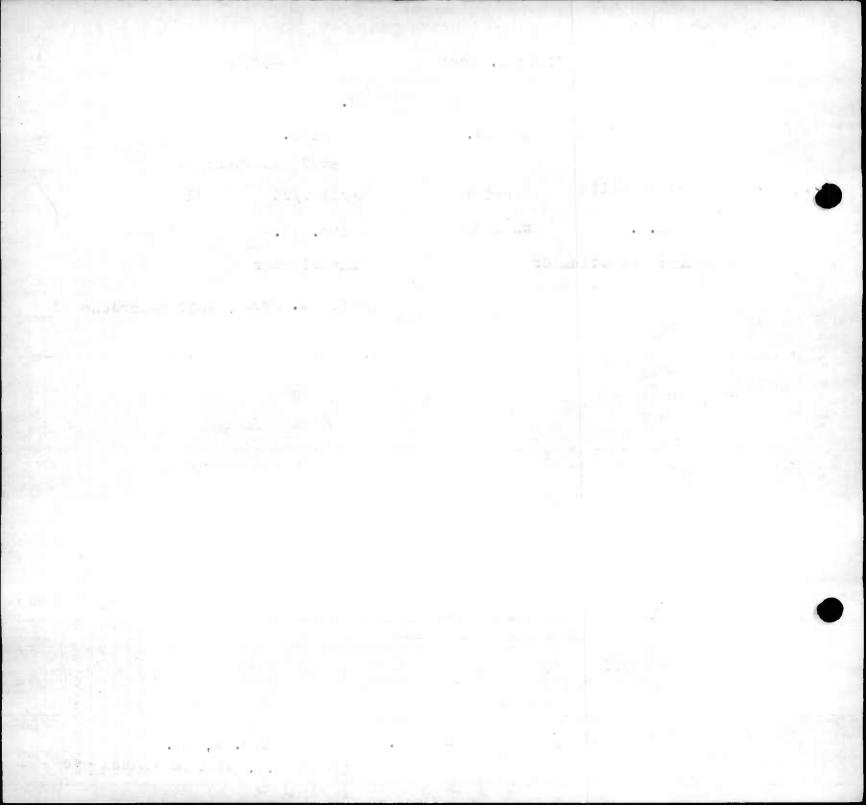


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	E. CASE NO.		TE OF DEATH	AND HOUR OF DEATH	1
		lda A. Ford	12,	4/65	1 3100 h
F	HOSPITAL OR oddress or location	l or institution, give street on)	Md.	TIMITY	RURAL and give township)
)(4507 Manore	dene Rd.		ordene Rd	
5. S	Female 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Married	8. DATE OF BIRTH April 9/94	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months Doys Hours M
	LUSUAL OCCUPATION (Give kind of wo the during most of working life, even if retired)	Own Home	Balto. Md.	reign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
C	onrad Stadtland	er	Anna Fische	r	
15.	Was Deceased Ever in U. S. Armed F. s, no or unknown) (If yes, give war or do	orces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT Austin C. Fo		Address Manordene Rd
15.	Was Deceased Ever in U. S. Armed Fo	orces? les of service) 1 6. SOCIAL SECURITY NO.	Austin C. Fo	ord , 4507	Manordene Rd INTERVAL BETWEEN
15.	Wos Deceosed Ever in U. S. Armed Fos, no or unknown) (If yes, give wor or do	IRECTLY If dying, e.g., s the disease, d death)	Austin C. For Death	ord, 4507	Manordene Rd INTERVAL BETWEEN ONSET AND DEATH
15.	Wos Decessed Ever in U. S. Armed Fos, no or unknown) (If yes, give wor or do' 18. DISEASE OR CONDITION D LEADING TO DEATH (This does not meen the mode of heart foilure, ostherio, etc. II mean	CAUSE O IRECTLY If dying, e.g., s the disease, d death.) SECURITY NO. (A) OUE TD OUE TD OUE TD	Austin C. Fo	ord, 4507	Manordene Rd INTERVAL BETWEEN ONSET AND DEATH
15.	Was Deceased Ever in U. S. Armed For some or unknown (If yes, give wor or do to the sound of the	CAUSE O IRECTLY If dying, e.g., she disease, d deoth.) Sony, giving sloting the CONTRIBUTING CAUSE O CAUSE	Austin C. For DEATH Cute hypean ronary Aten Knoselevtic	ord, 4507	Manordene Rd INTERVAL BETWEEN ONSET AND DEATH

MEDIC 21 D. TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While At Work (APPRDX.) Work 22. I certify that (I) (this haspitel) attended the deceased from and that in (my) (aux) opinion death occurred on the date couses stated above. (1) (We) (did) (did and hour and from the 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Director Stoff Phy s. M.D. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D.

24A. BURIAL CREMATIO REMOVAL (Specily) burial CREMATION, 240 NAME OF CEMETERY 65 Lorraine Pk. Balto.
25C. FUNERAL DIRECTOR
Witazke F.D. NAME OF REGISTRAR ADDRESS D 44 V 8 4101 Edmondson VS 150-REV. 1/1/65



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24A. BURIAL CREMATION, 24B. DATE

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hospital

BALTIMORE CITY HEALTH DEPARTMENT 65 12435 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) JAMES F. SLIWINSKI December 6, 1965

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE (If not in hospital or institution, give street FULL NAME OF address or location HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 1838 E. Pratt St. Baltimore, Md. 1838 E. Pratt St. made. 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. 6. RACE lost birthdoy) Hours WIDOWED, DIVORCED (specify) W M Married 30/1898 67 disposition is 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore City Baltimore Md. Inspector U.S.A. 13. FATHER'S NAME 4. MOTHERS MAIDEN NAME John Sliwinski Bertha Sliwinski 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dates of service SECURITY NO. Frances Sliwinski 1838 E Pratt No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed 4-0644 LEADING TO DEATH

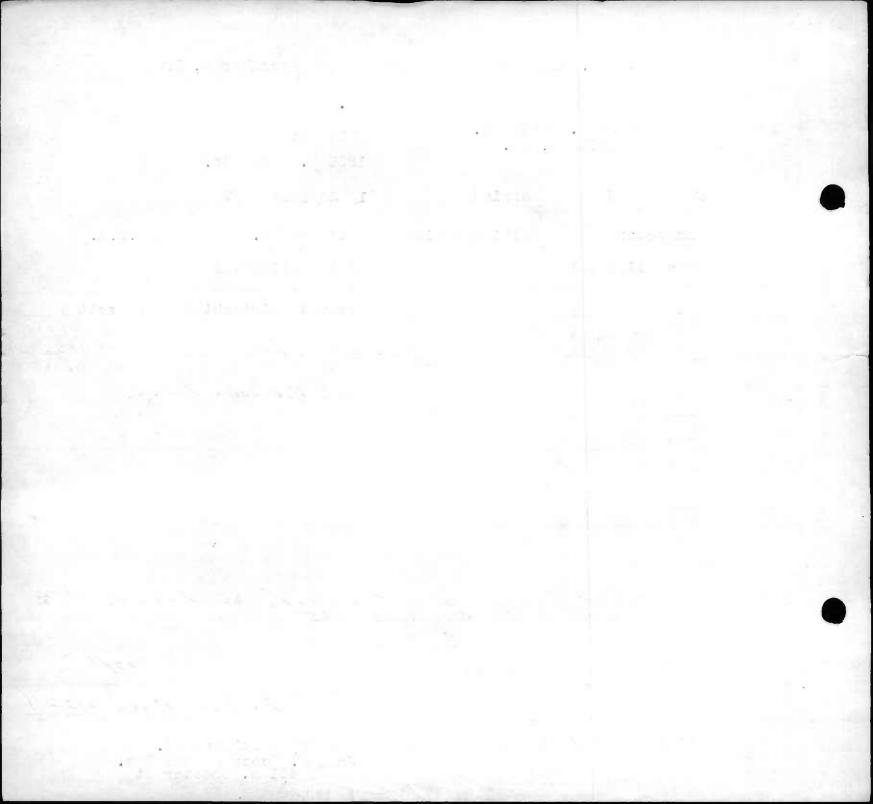
selevite Cardiac Area (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving la the above cause (A) slating the UNDERLYING CONDITION lost, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in all about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examined etc.) (Hour) (Month) (Day) (Year) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR Not While OF INJURY While At (APPROX) At Work Work Ci alma 7, 1965 22, I certify that (1) (this hospital) attended the deceased from 19 65 that (1) (we) last saw the deceased alive an., 3and that in(my) (aur) opinion death occurred on the date and hour and fram the causes stated above. (1) (We) (dld) (dld not) view the body after deoth. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff Director 23C. PHYSTCIAN'S NAME (Type) 23D. ADDRESS

24C. NAME of CEMETERY OF CREMATORY

Baltimore Md.

Burial 12/9/65 St Stanislaus Cemetery
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. EUNERG DI . Weber & Sons Inc. 401 S. Chester St ADDRESS

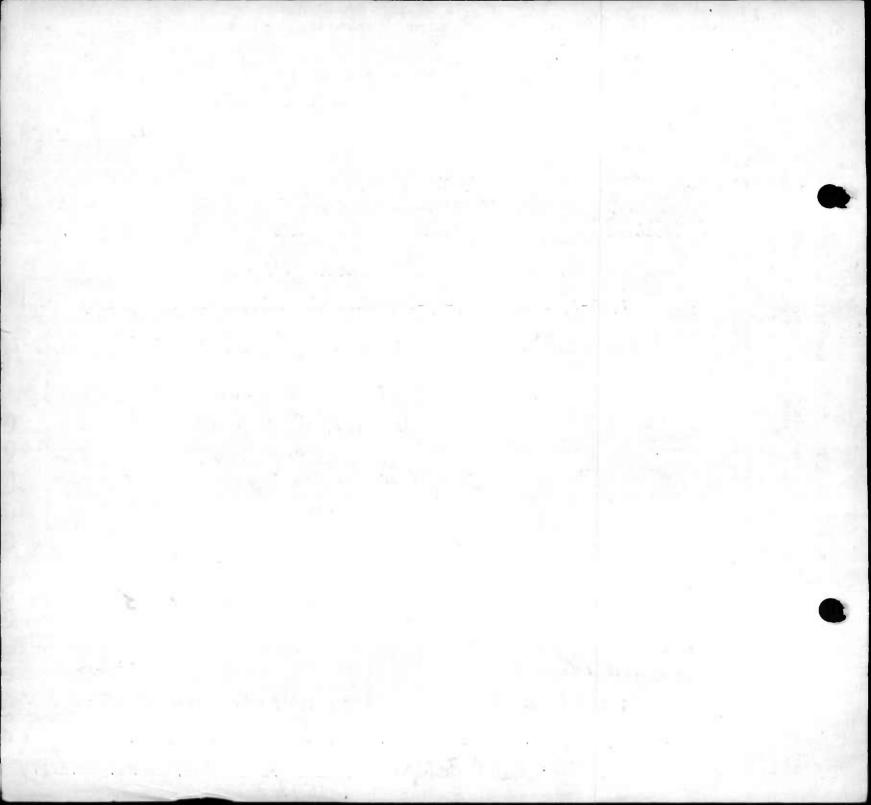


VS 150-REV. 1/1/65

Such

	NF 84	2460	BALTIMORE CITY	HEALTH DEPARTMENT		,71
	BIRTH NO. 65 12	2436	CERTIFICA	TE OF DEATH	Registered No.	7/6
	M.E. CASE NO. 1, NAME OF DECEASED	R.			HOUR OF DEATH	65 12436
	(Type or Print) Leu	ro ma	coo	12	15/1965	12 A.M. M
	3. PLACE OF DEATH IN BAL	TIMORE, MARYLAND	n, give street	A. STATE B. COUNT	Selle Com	ution: residence before admission)
	HOSPITAL OR _ oddre	ess or location)	using Home	C. CITY OR TOWN Ilf outs	ide city limits, write RUR	AL and give township)
0	1) Tike	Entan Pl	0	D. STREET ADDRESS (If to	urol, give locotion)	1.0
	B	alto 17,	md.			20
	S. SEX 6. RACE	WIDQV	D, NEVER MARRIED (Specify)		ast birthday)	f Under 1 Yr. If Under 24 Hrs. Nanths Days Hours Min,
	10A, USUAL OCCUPATION (Gi		OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreig	n country)	2. CITIZEN OF WHAT COUNTRY?
	Retired		amfitter	Ohio		7.5. A.
	13. FATHER'S NAME			14. MOTHERS MAIDEN NAM	NE .	
	Levis V.	mean		Sarah Sha	cules)	
	15. Was Deceased Ever in U. (Yes, no or unknown) fif yes, giv	S. Armed Forces? e wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 1	ADDRESS
	yes 1902	2-1906 USN	224-07-8042	Virginia (ric/	kenberger	(Same)
	18.420,1x	1260X	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
		TO DEATH	01	ete coronary	and in	and deen
	(This does not mean the heart failure, asthenia, e			ar country	<u> </u>	
	injury or complication w		ant	- And Wenne	disease	ahama
		NT CAUSES	DUE TO	· va· icui		- Cava auc
	tise to the above	cause (A) slating ti		eral. art.	Jelenni	chrone
		I	10	1 ex lete An	Wikus	chinue
	OTHER SIGNIFICANT CO	NOT RELATED TO		Cal bl- Can	18 me	Bear
		198. CONDITION FO	R WHICH OPPRATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
	19A. DATE OF OPERATION	WAS PERFORMED		no	IN CERTIFYING CAUSE	S OF DEATH?
	OR CONTRIBUTING CA	LUSE OF	1B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of tc.)		(If in Boltimore Ci	ity, give exact lacotion)
	21D. TIME (Month)	Doy) (Year) (Haur) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	(APPROX)	· ·	While At Not While Nork At Work			
	22. I certify that (1) (t	nis hospital) attended	the deceased from	11/17	165 10 12	15 1965
	that (1) (we) lost sow	the deceased alive or	12/3			n death accurred on the date
	and hour and from the	causes stated above.	(1) (We) (did) (did not) v	iew the body ofter death.		
	23A. SIGNATURE	er ,	0 440 440	adian Mad		B. DATE SIGNED
	23°C. PHYSICIAN'S	Dun, ar		b. Director	Stoff Phys.	12/6/61
	NAME (Type)	RIZE	12 D MD	23D. ADDRESS	ans Man	Rolling b. 1
	24A. BURIAL CREMATION, 2	4B. DATE 124C	NAME OF CEMETERY OF CRE	MATORY 124D 16	CATION (City.	town, or county) (State)
	REMOVAL (Specify)	12/9/65 A	lington Nat.	Cemetery A	rlington, l	10.
	25A. DATE REC'D BY HEALTH	DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	vigeore, v	ADDRESS
	DEC 7	1965 R.C.	5 E. Fally MA	Leonard J. R.	uck Inc. Bo	ulto. Md. 21214

Leonard

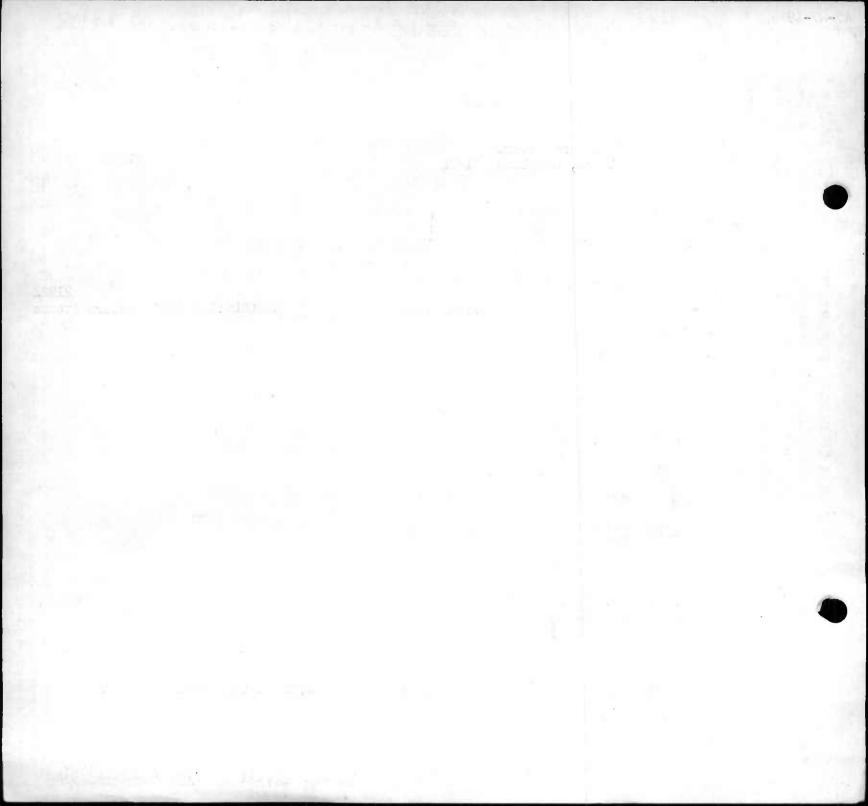


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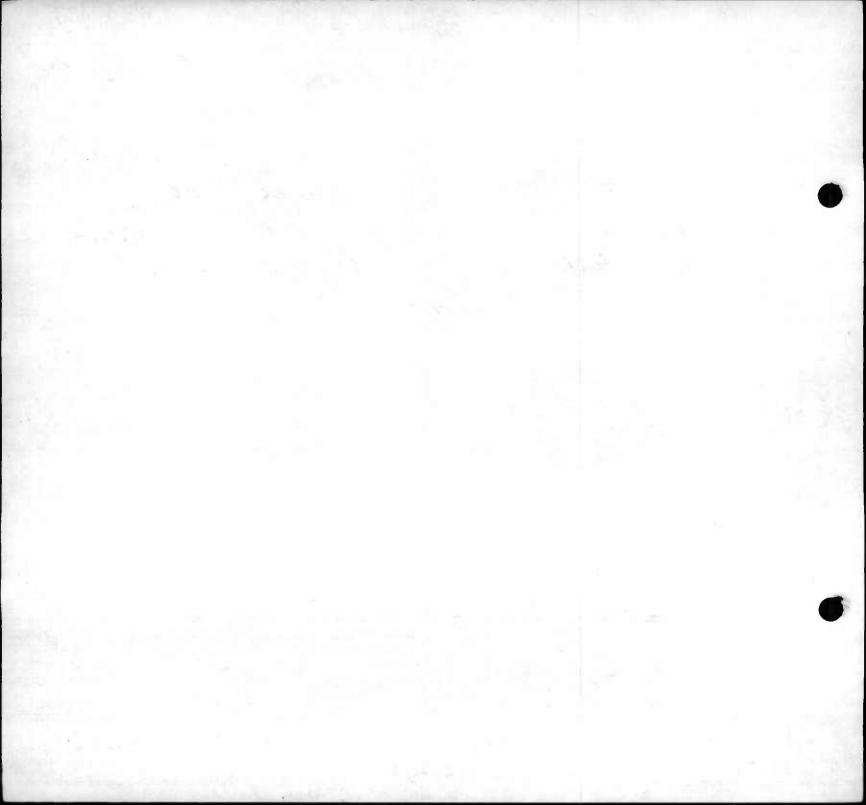
VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		CE 4040m
BIRTH NO. 65 1243	7	CERTIFICA	TE OF DEATH	Registered No	65 12437
M.E. CASE NO. 1. NAME OF DECEASED		021(111107)		ND HOUR OF DEATH	
(Type or Print) L. L. Lian	Magne			-5-65	1 4 20 A N
3. PLACE OF DEATH IN BALTIMO			4. USUAL RESIDENCE (Who	re doceosod livod. If ins	litution: residence before admission
			A. STATE B. COUN	ITY	
FULL NAME OF (If not in h	ospital or institution	on, give street	C. CITY OR TOWN (If ou	Baltimore	eity
INICTITUTION		· tale	Baltin	isido city limits, write Ki	UKAL ond give township)
Baltimo 4940 Easte	re City H	ospilas	D. STREET ADDRESS (II	rurol, give location)	23 0
Baltimore	Monwilen	3 21221		ady Ave	21226
S. SEX 6. RACE		ED. NEVER MARRIED		9. AGE (In years	
FN	WIDO	WED, DIVORCED (specify)	4-3-24	lost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind lone during most of working life, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	ign country)	12, CITIZEN OF WHAT COUNTRY?
M Unemploye			Mary Lond	1	U.S. A
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
ELijah	St. tel		Be ssie Co	10004	
5. Was Deceased Ever in U. S. Am		1 6. SOCIAL	DR 5512 CO	L 2 501 0 9	ADDRESS
es, no or unknown) (If yos, give wor	or dotes of sorvic	SECURITY NO.			21224
NO		27-20-8279	Partie REC	ORDS:BCH 494	O Eastern Avenue
18. 171X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITIO	N DIRECTLY				
LEADING TO D		(A)	Liviu Fail	ved and	! 6 Mouths
(This does not mean the mo		131			
injury or camplication which			e ton T to	to I lla	Carrentle
ANTECEDENT C	AUSES	(B)DUE TO	GERSING - FRIA	STIME HOME	whase Greaths
DISEASES OR CONDITION	S, if any, giv				
rise to the obove couse		the (C) /// C	tastutie Cucino	ma of Carrix	74000
11					
OTHER SIGNIFICANT CONDITI	ONS CONTRIBU	TING			
TO THE DEATH BUT NO DISEASE OR CONDITION CAL	RELATED TO	THE			
U 19A. DATE OF OPERATION 119	B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yos or No	208. IF YES, WERE F	INDINGS CONSIDERED
w.	AS PERFORMED		NO	IN CERTIFYING CAU	ISES OF DEATH?
J 121A. ACCIDENT WAS UNDERL	YING	218. PLACE OF INJURY (o.g., i	or obout 21 C. WHERE DID	(It in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE (DEATH (notify medical examination)		home, form, factory, street, or etc.)	flice bldg., INJURY OCCUR?		
21 D. TIME (Month) (Doy)	(Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	ILIPY OCCUP?	
OF INJURY	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While At Not While		oki occox.	
(APPROX.)		Work At Work			
22. I certify that (I) (this ha	spital) attende	d the deceased from	1/-23	1965 to 12-5	1965
that (1) (we) lost saw the de	ceased alive a	ın 12 - 5	19 65 and th	not in (my) (aur) apin	ian deoth accurred an the dat
and hour and from the cause					
23A. SIGNATURE	3 310100 00010	11) (me) (did) (did 1101) (new the bady offer deom.	Futern	23B, DATE SIGNED
	TK	ent M.D. Atte	onding Med.		12-5-65
22C BHYSICIANS	et K	Phy		Stoff Phy s.	
23C. PHYSICIAN'S NAME (Typo)	j	+	A / 1	stern Avenue	
	R.K	ent M.D.	Baltimor	e city H	osp, tale
4A. BURIAL CREMATION, 24B. D. REMOVAL (Specify)	ATE 24C	NAME of CEMETERY of CR	MATORY 24D. L	OCATION (Cit	y, town, or county) (State)
Burial 12.	9-65 1	MT. Auby	RN	Q 140. 1	yd.
SA. DATE REC'D BY HEALTH DEP	. 25B. NAM		25C. FUNERAL DIRECTOR	R	ADDRESS
DEC 7 10	65 A. P.	A E STOCKENAN		++ 1200	fauls stat
DFC 7 19	DO (Kalenda)	0 C' /100agi	MORTAN + Dus	++ 1761	Laurens Street

1701 Lauren street

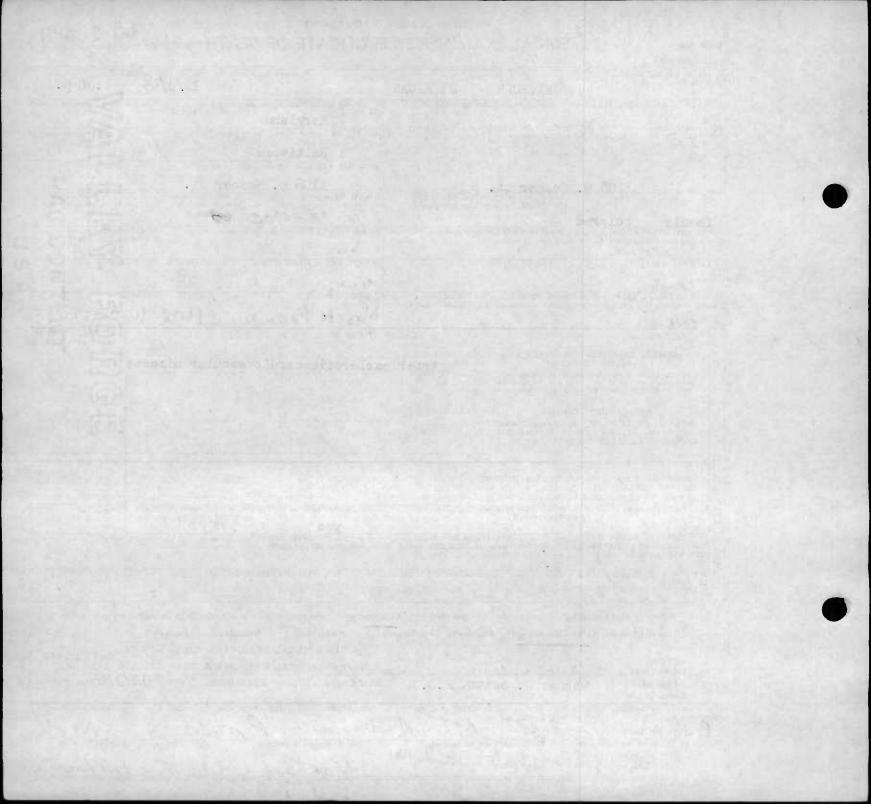


65_12438	BALTIMORE CITY HEALTH		65 12438
BIRTH NO. 520339	CERTIFICATE O	F DEATH Register	red No.
M.E. CASE NO.	11	2. DATE AND HOUR OF	DEATH
Type or Print) EAT	HALL	12/4/6	5
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUA A. STAT		vod. If institution: residence before ed
FULL NAME OF (If nat in hospital or institution		Mol	15-38
HOSPITAL OR oddress or location) INSTITUTION		OR TOWN (If outside city limit	ts, write RURAL and give township)
1) Sinai Hospi	ta/	Baltimore	L. D. CAUTIL
J Sinai Mospi	D. STRE	ET ADDRESS (If rurol, give loc	st PK Ave.
5. SEX 6. RACE 7. MARRIE	D, NEVER MARRIED 8. DATE	OF BIRTH 9. AGE (In ye	
WIDOW	ED, DIVORCED (specify) Pivorce of	7/15/1905 lost birthdoy)	60 Months Doys Hours
IDA. USUAL OCCUPATION (Give kind of work 108. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. BIRTH	IPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	None	Md.	U. S. A.
13. FATHER'S NAME		HER'S MAIDEN NAME	
Richard Hall	N	largaret 1	HALI
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, givo wor or dotos of service	1 6. SOCIAL 17. INFO		ADDRESS
ties, no or unknown til yes, givo wor or dotos of service			
18.// 3 V 1	214-01-5209 CAUSE OF DEATH	1	INTERVAL BETW
DISEASE OR CONDITION DIRECTLY	7		ONSET AND DE
LEADING TO DEATH	(A/	noma of Ille	ng 27 monte
(This does not mean the mode of dying, e., heart failure, asthenia, etc. It means the diseas		======================================	
injury or complication which caused death.			
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the			
UNDERLYING CONDITION last.	***************************************	***************************************	
, II	N.S.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOI	WHICH OPERATION 20A.	AUTOPSY? (Yes or No) 208, IF YE	S, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED)	Consling ! IN CERTIFY	TING CAUSES OF DEATH?
OR CONTRIBUTING CALLSE OF	18. PLACE OF INJURY (o.g., in or obout	21C. WHERE DID (If in	Boltimore City, give exact location)
	tc.)		
#**	L INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
(APPROX)	Vhile At Not While Nork	-	
22. I certify that (1) (this hospital) attended	the deceased from	12 4 19 65 to	12/4 19
that (1) (wallost sow the deceased alive on	11/2	6.0	out opinion death occurred on
ond hour and from the causes stated above.	·		
23A. SIGNATURE	1	, 11111 - 1111	23 B. DATE SIGNED
Canard & Hestert	M.D. Attending Phys.	Med. Stoff Phys.	12-4-6
23C. PHYSICIAN'S	23D. ADD		
NAME (Typo)	ertelian M.D.	Sinai Haspil	tal Boltin
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CREMATORY	1100/1	(City, town, or county)
	MAINE OF CEMETERS OF CREMATORS	24D. LOCATION	(City, lown, or county)
	01 / 10	+10	Colly, lown, or county
25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	Rbutus, manor,	+10	ADDRESS
	Rbutus memer	al adulte	Respected as



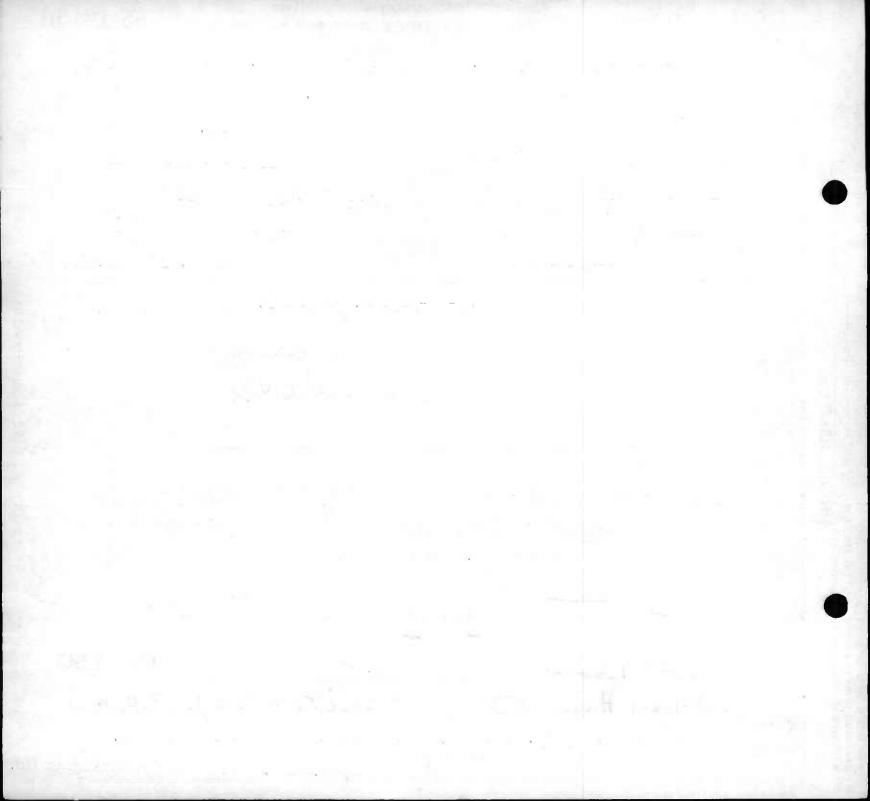
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	65	12439		ALTIMORE CITY HEA				6.	5 124	20
BIRTH N	10.	ME	DICAL EX	AMINER'S C	ERTIFICAT	E OF DEA	TH Registere	d No	2 2 2	00
M.E. C.	ASE NO.									
1. NAA (Type o	AE OF DECE.	ASED	GERTRUDE	SHERIDAN	RED CONTRACT	2. DATE AND HOU	12/3/		1:00 p	•
3. PLAC	E IN BALTIA		WHERE PRONOUN		A CTATE	NCE(Where deceaseryland	ed lived. If institu	tion: resid	ence befare ad	mi s sion
FULL N HOSPITA INSTITU		ADDRESS OR LO	PITAL OR INSTITUT	TON, GIVE STREET	C. CITY OR TOW	N (If outside corpor Ltimore	ote limits, write l	RURAL on	d give townshi	p)
0					D. STREET ADDR	ESS (If rural, give la		0	V /	
		1108 W. N	osher St.			08 W. Moshe				
5. SEX	nale	colored		IEVER MARRIED IVORCED(specify)	7- 18	lost	AGE (In years birthday)	Manths 1	1 Yr. If Under Days Haurs	24 Hrs. Min.
10A, US	UAL OCCUP	ATION (Give kind of king life, even if retir		BUSINESS OR INDUSTR	WII. BIRTHPLACE !	State or foreign count	ry)		OF COUNTRY?	
13. FATE	HER'S NAME				14. MOTHER'S MA	AIDEN NAME	17 13		/ 1	
	UNK				unk,		2270177		3 / 1 / 1	
		yes, give wor or		6. SO CIAL SECURITY NO.	17. INFORMANT	A.c.		ADDRESS	M	
4	NE.				Mrs. M.	MANNING	1108	W.	Mashe	21
TIFICATION	DISEASES OF THE UNIVERSITY OF THE SIGNIIF OF THE DISEASE OF THE DI	EATH BUT NOT CONDITION CAU	F ANY, GIVING) STATING THE ST. NS CONTRIBUTING RELATED TO TH	E						
O		WAS	PERFORMED		yes	У	ETIFYING CAUSE	S OF DEA	ATH?	
OUNI	EXTERNAL DERLYING CAUSE	R CONTRIB-	21 B. Pt home, etc.)	form, foctory, street,	in ar about 21C. W office bldg., INJURY	HERE DID (If in Bo	ltimore City, give	exact loc	cotion)	
∑ 21 D OF	TIME (INJURY PROX.)	Manth) (Day) (WHILE	W DID INJURY OC	CUR?			
22. 23A. BU	1 certif	R'S Wer	couses Accept Accept U. Spiner U. Spiner U.	Inspection Au	CHIEF ME ASSISTANT ME ASSOCIATE MI	that an this basi le Undete EDICAL EXAMINI EDICAL EXAMINI EDICAL EXAMINI	rmined manner ER 🔲 ER 🎗		DATE STG	NED State)
REMOV	AL (Specify)	- /2-	8-65 248, NAME O	MT. A.	24C. FUNERA	BA	140	A	DDRESS	1.
VS 151.	REV. 1/1/65	EC 7 196	3 dilang	E' Admini	Mor	TON +.	DyeTT	- /	701 LAUR	cens



VS 150-REV. 1/1/65

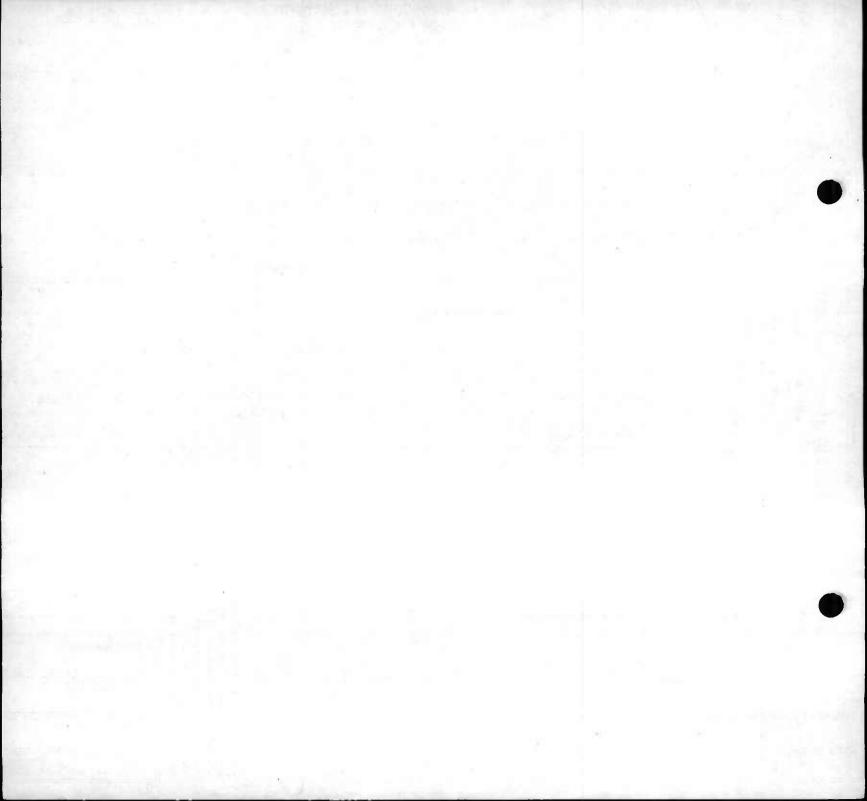
	BALTIMORE CITY HEALTH D	EPARTMENT	05 10110
ыктн но. 65 12440	CERTIFICATE OF	DEATH Registered No.	65 12440
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) roline ((arrie))	E. Meyer	2. DATE AND HOUR OF DEATH	160
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	,	RESIDENCE (Where deceased lived, II	institution: residence before admission)
FULL NAME OF (If not in hospitol or institution, g HOSPITAL OR address ar location) INSTITUTION	c. CITY OR	IId. TOWN (If outside city limits, write	2 / 0 6 RURAL and give township)
0		Balto.	
5503 Morello Roc	ad D. STREET	4.	lo Road
Female White Wi	NEVER MARRIED, B. DATE OF July 2	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths: Doys Hours Min.
dane during mast of warking life, even if retired) Housewife Own H		ACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		S MAIDEN NAME	
Harry Streett		Mary E.	Fitzpatrick
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	ANT	ADDRESS
182	213-36-7838 Mr. Be	rnard F. Meyer	(Same)
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) Came	youdiam	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO		
injury or complication which caused death.)	Listeriadia	X.C.J.D	
DISEASES OR CONDITIONS, if any, giving	DUE TO		
rise to the above cause (A) staling the UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE		ALV DOD IT	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 1218.	HICH OPERATION 20A. AUT	OPSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (e.g., in ar obout 210, larm, factory, street, affice bldg., IN.		re City, give exact lacation)
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E,	INJURY OCCURRED 218	HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) Whil	e At Nat While		
22. I certify that (I) (shis hospital) attended th		1057 100	1965
that (1) (we) last saw the deceased alive on		and that in (my) (our) op	
and have and from the causes stated above. (1)			
23A. SIGNATURE			DEC 6 1965
J. Jam Hocar	M.D. Attending Phys.	Med. Staff Phys.	DEC 6 1965
230. PHYSICIAMS NAME (Type)	23D. ADDRES	S	
Di Henry Haase M.D.	M.D. 2520	: 5 Cill Springlan	BeHe 14 his
24A. BURIAL CREMATION, 248. DATE 24C.NA REMOVAL (Specify)	ME of CEMETERY OF CREMATORY	0 1	ity, town, or county) (Stote)
	y Redeemer (emet		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O		VERAL DIRECTOR	5305 Harford Ro
DEC 7 1965 (R.C.)	TEO.	Mard J. Rukk Inc	John Mary ortal No



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (1) shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTMENT		C5 49444
		5 124	141	CERTIFICA	TE OF DEATH	Registered No.	65 12441
1. NA	CASE NO.	EASED Hall	F	m: th	2. DATE	AND HOUR OF DEATH	- 12:31 q. m.
3. PL	LACE OF DEA	TH IN BALTI	MORE MARYLAND		4. USUAL RESIDENCE (WI A, STATE B, COL	here deceased lived. If i	nstitution: residence before odmission)
FU	ULL NAME O	F (If not	in hospital or institut	ion, give street	Mary lan		402
H	OSPITAL OR	oddres	s or logation)	1 - 1 0	C. CITY OR FOWN (III	outside city limits, write	RURAL and give township)
8	Un	ucers	ily Ho	801/21	D. STREET ADDRESS	If ruge give location)	
0					321 10.	Carl SI	4.
5. SE	X	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1	W	C	1	ravised	4-5-20	45	
	USUAL OCCU			OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
L	laur pl	ay ad			Va.		UHA.
13. F	ATHER'S NAM	AE/			14. MOTHER'S MAIDEN N	AME frilly G	SI JENNINGS
1	avid	5mi	16		Estelle	oni ch	- dame
15. W (Yes,	Vas Deceased	Ever in U. S.	Armed Forces? wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	145	10007	Z	123-10-1815	Estelle	Sinill	5c.me
	18. 14	6 X1		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		E OR COND	DITION DIRECTLY	//	. se fersie	0.00. 10	
			made of dying,	e.g., DUE TO	1 / Cusi a	es eg kel	
			. It means the dise ch coused deoth.)	ase,	ly roat they	proseleros	7'0
		ANTECEDEN'	T CAUSES	(B)	efer G.I	Bleeding	
	DISEASES O	R CONDITI	ONS, if any, gi	ving DUE 10- C	hers 41	cer	
	rise to the		ouse (A) stating	the (C)			000 000 000 000 000 00 x x 00 00 x
-		- 11					
ATION	TO THE DI	FICANT CON EATH BUT CONDITION	DITIONS CONTRIBUTION RELATED TO	TING THE			
	19A. DATE OF	OPERATION	19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
AL	21 A. ACCIDEN OR CONTRIBU DEATH (notify	ITING 🗌 CAU	ISE OF	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, offetc.)	or obout 21 C. WHERE DID	(If in Baltima	re City, give exact location)
EDIC	21 D. TIME	(Month) (De	ay) (Year) (Haur)	21E INJURY OCCURRED	21F. HOW DID IN	NJURY OCCUR?	
5 .	OF INJURY (APPROX.)			While At Not While			
		al - a /1\ /al-1.	- 1 1 - 1 1	Work At Work	To: 27	10/15	erented into
				ed the deceased from	19 8 5 and	1960 to	Centr 6 19 65,
			e deceased alive				inlan death accurred an the date
	3A. SIGNATU		duses stated abov	e. (1) (We) (did) (did nat) v	lew the bady after death	10	23B, DATE SIGNED
	11	sleus	on Jabo	M.D. Atte	nding Med. Director	Stoff Phys	Dec. 6 /65
2	NAME (T	N'S			3D. ADDRESS		
	20	LEND	on 8AB	UNDAYO M.D.			
24A.	BURIAL CREA		DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION (C	city, town, or county) (Stote)
1	12416.1	1 /2	-5-65	Balto. Noth	Com. To	e. Himore	e md.
25A.	DATE REC'D	BY HEALTH	DEPT. 25B. NA	AE OF REGISTRAR	25C. FUNERAL DIRECTO	O.R.	ADDRESS
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VS 1	50-REV. 1/1/6	55					



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25A. DATE REC'D BY HEALTH DEP

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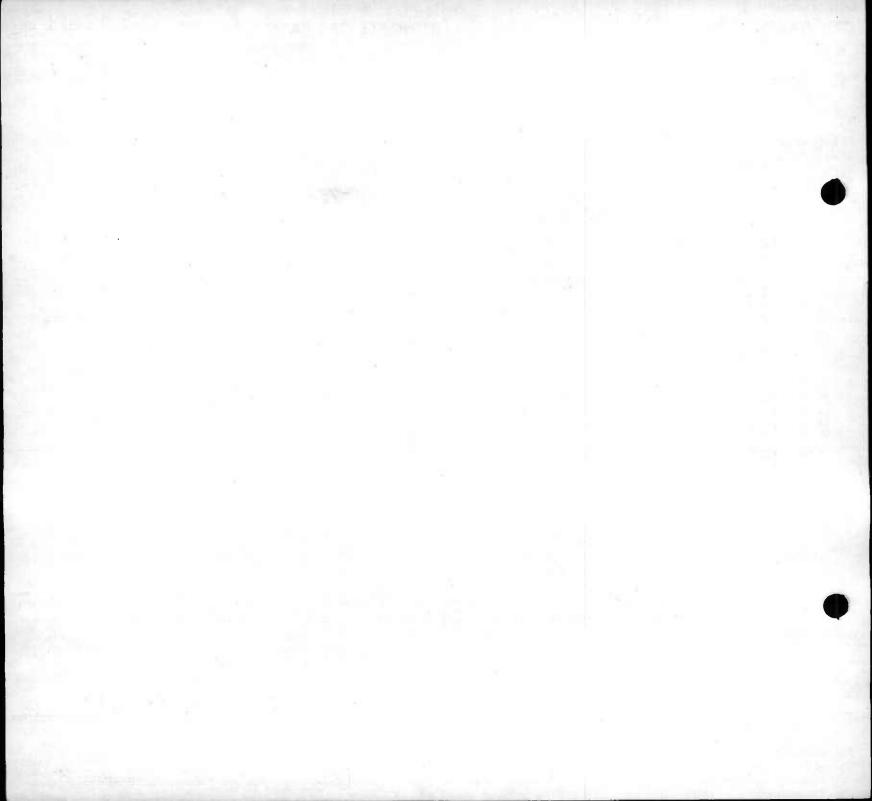
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BALTIMOF	E CITY HEALTH DEPARTMENT
CERTIF	CATE OF DEATH Registered No. 65 12442
	Dec. 3, 1965 750 P M.
n, give street	A. STATE B. COUNTY MARYLA ND
PitAl	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rurel, give location)
	1411 PRESSTMAN STREET

ADDRESS

65 12442 BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institutio HOSPITAL OR oddross or location) 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years II Under 1 Yr. Il Under 24 Hrs. 6. RACE B. DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED (specily) BIRTHPLACE (State or lareign country) 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SARAH ARCHER ADDRESS 15. Was Doceased Ever in U. S. Armod Forces 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or datas of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart foilure, asthenio, etc. Il means the diseose, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, ta the obave couse (A) stating the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSI 19A. DATE OF OPERATION WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED YES 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, stroot, office bldg., INJURY OCCUR? (If in Boltimore City, give exect (ecotion) MEDICAL DEATH (notify modical examiner) ofc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not White While At (APPROX.) At Work Work 22. I certify that (this hospital) attended the deceased fram that (we) last saw the deceased alive an and that in (pu) (our) apinian death accurred an the date and haur and from the causes stated abave. 🏈 (We) (did) (did not) vlew the bady after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. M.D. Mod. Director approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type M.D 24A. BURIAL CREMATION, REMOVAL (Specify) OF CREMATORY countyl (State) written

25C, FUNERAL DIRECTOR



BALTIMO	RE CITY HEALTH DEPARTMENT
MRTH NO. 65 12443 CERTII	FICATE OF DEATH Registered No.65 12443
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Type or Print arroll K. Kerr	12/6/65 1=A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admissi A. STATE 38. COUNTY
FULL NAME OF (If not in hospital or institution, give street	Many Land.
HOSPITAL OR oddress or tacation) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RUBAL and give township)
141	BALTIMORE 3-0
	D. STREET ADDRESS (Ill surol, give locotion)
	ROLAND AVE. & RECTORY LA.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe) Whate Widowed Widowed	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
dane during most of yorking life, even if retired) Secretary ROLAND VIEW A	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kobert L. Keyser	Muna Carrol C
15. Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO	17. INFORMANT ADDRESS
	MRS. ANNA KEYSER ROLAND & RECTORY
18. 4 2 4 4 1 C	AUSE OF DEATH
DISEASE OR CONDITION DIRECTLY	Heart Piscase ONSET AND DEATH
LEADING TO DEATH	Chronic Lung Disease
(This does not mean the made of dying, e.g., DUE	
heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.)	
ANTECEDENT CAUSES (B)	
DUE	то
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	William and the second
UNDERLYING CONDITION last.	9001-9000000000000000000000000000000000
O THE SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
E NA	NA
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJU	RY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact lacation) street, office bldg., INJURY OCCUR?
A DEATH (natify medical examiner)	N/A
21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCU	RED 21F. HOW DID INJURY OCCUR?
S Of Middle At T	May Mile T
(APPROX.) Wark	Af Work U
22. I certify that (this hospital) attended the deceased from	am 10 / 2 4 19 65 ta 12 6 19/65
that (1) (we) last saw the deceased alive an 9 All	1 12/6_19/65 and that in (aur) apinian death accurred an the d
and haur and from the causes stated above. (We) (did) (de	
23A. SIGNATUR	23B. DATE SIGNED
	A.D. Attending Med. Stoff 12/1/5
they com	Phys. Director Phys.
23C. PHYSICIANS CHAME (Type)	23D. ADDRESS
HARRY J. BROWN	M.D. UNION MEMORIAL HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	RY of CREMATORY 24D. LOCATION (City, town, or county) (State
- 40/0/07	DAY MA
BURIAL 12/9/65 CATHEDR 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR.	BALTIMORE, MD.
2 4 5 1	
DEC 7 1965 DO A O TABLE	H. W. MEARS & SON 805 N. CALVERT S
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BALTIMORE CITY HEALTH DEPARTMENT 31-89-98 65 12444 Registered No._ CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Rufus Cox December 5, 1965 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE Maryland **FULL NAME OF** (II not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give tawhship) Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) 21224 Baltimore. Maryland 21224 4940 Eastern Avenue MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Manths! Doys 5. SEX 6. RACE If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthdov) Hours 67 Male 8-6-1898 Negro Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of warking life, even if retired? North Carolina U. S. A. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME IMPORTANT 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, na ar unknown) (If yes, give worldor dates of service) SECURITY NO. RECORDS:BCH 4940 Eastern Avenue 21224 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving la the above cause (A) stating the UNDERLYING CONDITION last.

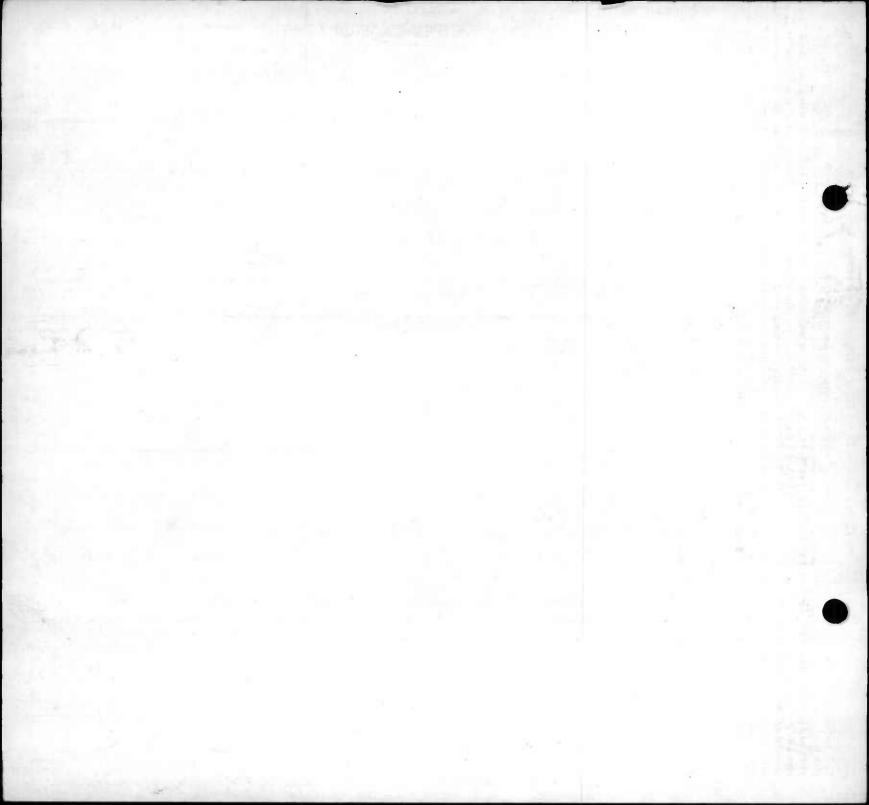
CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE hronic DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes ar Na) 198, CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED Yes 218. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact lacotion) DEATH (notify medical examiner) MEDIC (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX) Work At Wark 22. I certify that (1) (this hospital) attended the deceased from 19.62. ond that in (my) (our) opinion death occurred on the date that (1) (we) lost saw the deceased alive on. and hour and from the causes stated abave. (1) (We) (did (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Phys. M.D. Phy s. Director approva 23C. PHYSLOPAN'S 23 D. ADDRESS NAME (Type) 4940 Eastern Avenue Baltimore, Maryland 21224 Dr. Clayton Moravec M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specify) FUNERAL DIRECTOR 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT ADDRESS

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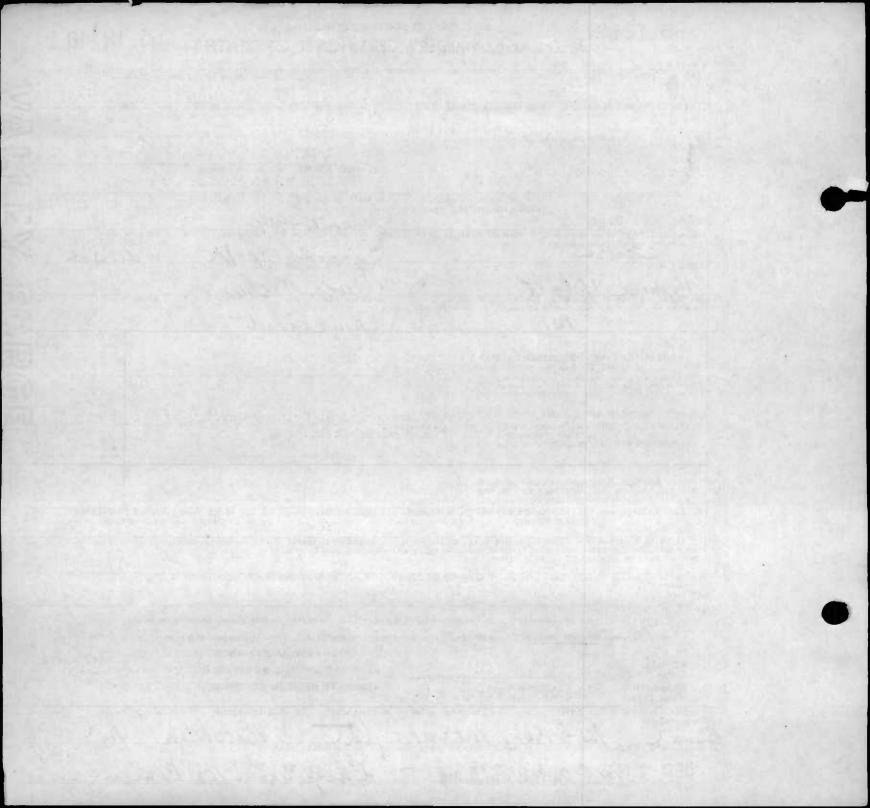
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

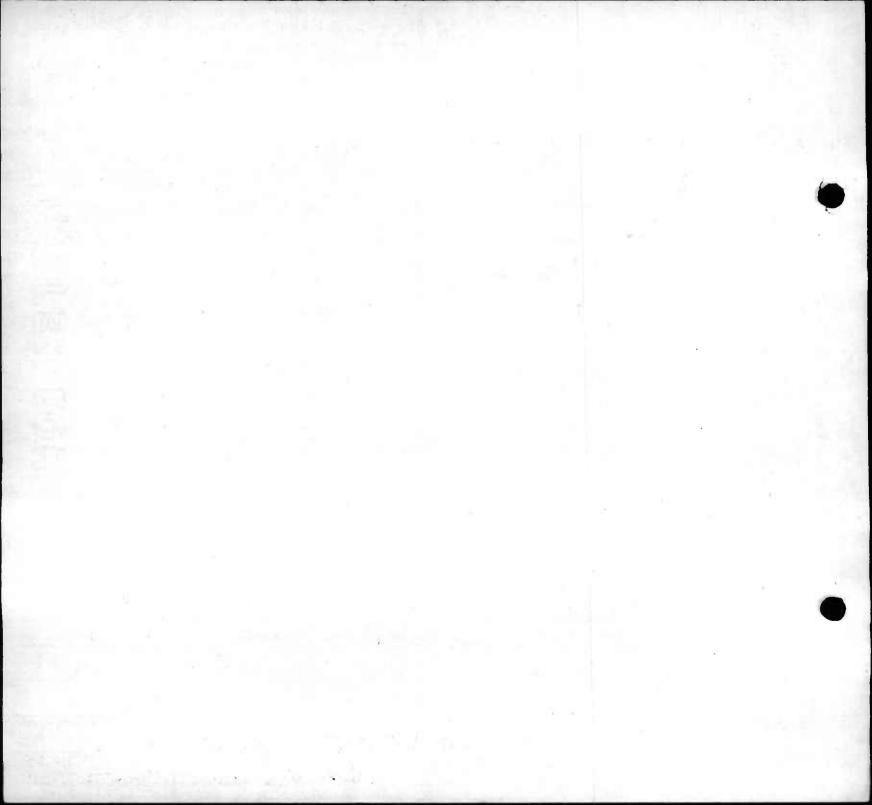
	BALTIMORE CITY	HEALTH DEPARTMENT		
вити NO. 65 12441	CERTIFICA	TE OF DEATH	Registered No.	12445
M.E. CASE NO.		DATE AN	D HOUR OF DEATH	
(Type or Print) 1 1	£ .	Z. DATE AN	1 / 2	
	stran	12/	4/65	16:20 H-N
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	A. STATE B. CDUN	re degleased lived. If inst	itution: residence before admission)
		Md.	- 17	-10
FULL NAME DF (If not in haspitol or insti	tution, give street			10
INSTITUTION		D 11.		IRAL and give fawnship)
111 " 11000 ; +1)	Hospital		rei	
University	1100place		rurol, give location)	1
	the second second second	3803 /	Poland vi	ew Ave.
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths: Days Haurs Min.
M	DOWED, DIVORCED (specify)	8/11/96	last birthdoyl 6 9	Months Days Hours Min.
IST USE A COURT BONG in the day of the bong by	Widowed	0 / ' / '		lio alleria del
10A, USUAL OCCUPATION (Give kind of work 10B, K) done during most of working life, even if retired)			gn country)	12. CITIZEN OF WHAT COUNTRY?
Refired 14	· (arr towers	unknow n		11.5.A
13. FATHERS NAME	G1055	14. MOTHER'S MAIDEN NAM	M.E.	w. 0 . 11 .
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untrown		unta		
15. Was Decoasad Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wer or dotes of se	SECURITY NO.	P-ton	01	
untrown	didentify 1	surgery We	enaus	Risul
18.4-93 X I	CAUSE O	F DEATH		ONSET AND DEATH
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(This does not mean the mode of dying				
heart failure, asthenia, etc. It means the di injury or complication which caused death,			/	
ANTECEDENT CAUSES	(B)			
	DUE TD			
DISEASES OR CONDITIONS, if ony,				
rise to the above couse (A) statin UNDERLYING CONDITION lost.	g lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTRI	ELITING			
TO THE DEATH BUT NOT RELATED				
	FOR WHILE COST	120.6 A 1100.00 (V) 200 to ME2	NOW SO NOW STATE
198. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yos or No	IN CERTIFYING CAU	SES OF DEATH?
WAS PERFORME TWO C 21A, ACCIDENT WAS UNDERLYING				
OR CONTRIBUTING CALLSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bidg. INJURY OCCUP?	(If in Boltimore	City, give exect focation)
DEATH (notify medical examiner)	otc.)			
21D. TIME (Month) (Day) (Year) (Hou	a) 21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?	
S OF HYJORI	While At Not While		on, occon:	
(APPRDX)	Work At Work	° Ц ,		
22. I certify that A (this hospital) atte	nded the deceased from	11/18	1965 to 1	2/4 19 65
	10/11	100		
that (1) (ast saw the deceased aliv			ot in (my) (****) opini	on Beath occurred on the dat
and hour and from the causes stated ab	ove. (1) (We) (did) (did not) v	iew the body ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
hand de		ending Med.	Stoff (12/4/6=
and the state of t	Phy		Phys.	10/7/00
23C. PHYSICIAN'S NAME (Type)	1 0	23D. ADDRESS	-1-	111 1.11
Bernard	du 154 9 M.O.	Unive	205144	Hospital.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	, town, or caulity) (State)
REMOVAL (Specify)	2121	7-	n ni	3
Durial 12 f-1965	Tut Coleran	24	22010 /	e le
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	250 FUNERAL DIRECTOR	1 1000	Rearrogressur
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1400	Jakons	I HIL	Man 1	ALR MICH !!
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BIRTH NO.	MED	ICAL EX	AMINER 5	EKTIFICA	ATE OF L	JEATH Registe	65.12446
M.E. CASE NO.	CEASED				2 DATE AND	D HOUR PRONOUNC	ED DEAD
(Type ar Print)	HAROLD		ROBERTS			ber 4, 1965	
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL		4. USUAL RE	SIDENCE (Where		titutian: residence befare admissia JNTY
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR	aryland Town (If outside altimore	e carparate limits, write	e RURAL and give township)
Johns H	Hopkins Hospi	tal		D. STREET A	DDRESS (If rural,	give location) ddle Street	0-0
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF B		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr
Male	Negro	WIDOWED,	DIVORCED (specify)	manh	11-19/4	61	Manths, Days Haurs Min.
lane during most of	CUPATION (Give kind of work warking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTI	Linu	CE (State or toreing	n country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAI	De De	1		14. MOTHER'S	MAIDEN NAMI	Oin	
S. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. THEORMAN	NT NT		ADDRESS
es, na ar unknaw	n) (If yes, give war ar date	s al service)	SECURITY NO.	10 min	1 Role	6	
18.	7 X .		CAUS	E OF DEATH	J UT SEAL		INTERVAL BETWEEN
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heart failure	nat mean the made of e, asthenia, etc. It means amplication which caused	dying, e.g., the disease,	DUE TO		**********************		2001 = 00 00 00 00 00 00 00 00 00 00 00 00 0
injury ar co	implication which caused	death.)					
	ANTECENDENT CAUSE		(B) Obstr	uction o	f Urinary	Outflow by	Carcinoma
RISE TO TH	OR CONDITIONS, IF A	NY, GIVING		f Prosta		······································	***************************************
	NG CONDITION LAST.		(C)				
5	il						
TO THE	SNIFICANT CONDITIONS DEATH BUT NOT REI DR CONDITION CAUSING	LATED TO T	NG HE				
-		DITION FOR	WHICH OPERATION			208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH? Yes
UNDERLYING	AL CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 8. hame etc.)	PLACE OF INJURY (e.g., , farm, factory, street,	in ar about 21 C affice bldg., INJ	URY OCCUR?	If in Baltimare City, gi	ve exact location)
21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year		TE. INJURY OCCURRED	21 F.	ULNI DIO WOH.	RY OCCUR?	
				WORK .			
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resu	Ited fram: Notural co	uses X A	ccident Suici		lcide U	Indetermined monn	er Superior
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ACTUA		eles I	letter M.		MEDICAL EX		DATE SIGNED
SIGNAT	IEDIC .		1		MEDICAL EX		12/5/65
NAME (inari	es S. Pe	etty, M.D.	AUJUCIATE	- MEDICAL LA		
REMOVAL (Special		23	C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City,	, tawn, ar caunty) (State)
Burine (12-8-1	1965	Int Cahan	es Ceit	_ 1	Beookle	me
DATE RECE		248 NAME	OF REGISTRAR	24C. FUN	VERAL DIRECTOR	0	ADDRESS 21211
DEC	7 1965 12.0.	12 T	(A. HO O	Bac	20 Wil	ur 1001 C	mently la
VS 151-REV. 1/1.	/65				1		



	AME OF DECE	MA GOUGH				ND HOUR OF DEATH	4.30
3, 1		TH IN BALTIMORE MA	RYLAND	4. USUAL			Institution: residence before
1	FULL NAME OF (If not in hospital or institution, give street address or location) THE JOHNS HOPKINS HOSPITAL			A. STATE MA C. CITY O	MARYLAND C. CITY OR TOWN (If autside city limits, write RURAL and give lawnshi		
				D. STREET	D. STREET ADDRESS (If rutol, give locotion) 139 NORTH CHAPEL STREET		
5, S	EMALE	6. RACE NEGRO	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe			9. AGE (In years last birthday)	If Under 1 Yr. If U Months Doys Hours
		PATION (Give kind of wor ranking life, even if retired)	TIOB, KIND OF BUSINESS OR IN				12, CITIZEN OF WHAT COUNTRY
13.	CHAF	RLES Proct	ir. In		ERS MAIDEN N		74
15. (Yes	Was Deceased	Ever in U. S. Armed Fo (If yes, give wor or date	rces? 1 6. SOCIAL SECURITY NO	17. INFORM		lin	ADDRESS
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	(This does n heart failure, injury at com	LEADING TO DEATH of mean the made al asthenia, etc. If means plicotian which couses ANTECEDENT CAUSES	dying, e.g., DUE the disease, deoth.) (B) DUE	TRASIA"	Condice	CARIST CORON	K 3 days
	rise to the	R CONDITIONS, if abave cause (A)	any, giving stoting the (C)	Pduinus R	RCTOL CORC	none with	4 4000
	UNDERLIING	CONDITION lost.		PRGE BUNE	· OBSTRUC	7100	
ATION	OTHER SIGNI TO THE DI DISEASE OR	FICANT CONDITIONS (EATH BUT NOT REL	CONTRIBUTING ATED TO THE IT.	ARGE BUNC			
BUFICATION	OTHER SIGNII TO THE DI DISEASE OR	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION [198]. CON	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATIO	N 120A. AL		(o) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CENTE	OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF / 2 / / / 21A. ACCIDEN OR CONTRIBU	FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION [198]. CON	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATIO FORMED BONCE OBSTRU	N 20A. AL	ITOPSY? (Yes or the second sec	No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH? are City, give exact lacohi
ICAL CEBRIF	OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF / 2 / / / 21A. ACCIDEN OR CONTRIBU	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 19.B. CON WAS PER IT WAS UNDERLYING TING CAUSE OF	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATIO FORMED BONIC OBSTRUIN 21B. PLACE OF INJUIN home, form, foctory, setc.) (Hour) 21E. INJURY OCCURE While At	N 20A. AL ETIUM 20A. AL ETIUM 21 EY (e.g., in ar about 2: Erreet, affice bldg., IP	ITOPSY? (Yes or I	(If in Baltim	are City, give exact lacofi
MEDICAL CERNIFI	OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF /2/// 21A. ACCIDEN OR CONTRIBU DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22, I certify that (I) (we)	FICANT CONDITIONS CATH BUT NOT REL CONDITION CAUSING OPERATION OPERATION WAS PER WAS UNDERLYING TING CAUSE OF medical examiner (Manth) (Day) (Year) that (I) (this haspital	CONTRIBUTING ATED TO THE INDITION FOR WHICH OPERATIO FORMED BOWLE OBSTRUE 218. PLACE OF INJUIT home, form, foctory, sele.) (Hour) 21E. INJURY OCCURI Wark Wark I) attended the deceased fra ed alive an Dec. 6	N 20A. AL OTION 20 A.	ITOPSY? (Yes or 1) S IC. WHERE DID NJURY OCCUR?	(If in Baltim	are City, give exact lacofi
MEDICAL CERNIFI	OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF /2/// 21A. ACCIDEN OR CONTRIBU DEATH (natify) 21D. TIME OF INJURY (APPROX.) 22, I certify that (I) (we)	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION OPERATION OPERATION WAS PER WAS UNDERLYING ING CAUSE OF medical examiner) (Manth) (Day) (Year) thot (I) (this hospital last saw the deceas fram the causes star RE	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATIO FORMED BONCO OBSTRUM 218. PLACE OF INJUI home, form, foctory, setc.) (Haur) 21E. INJURY OCCURI While A1 A A A A A A A A A A A A A	N 20A. AL ETIUM 20A.	ITOPSY? (Yes or 1) S IC. WHERE DID NJURY OCCUR?	(If in Baltim	AUSES OF DEATH? are City, give exact lacohi
MEDICAL CERME	OTHER SIGNII TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (natify 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	FICANT CONDITIONS (PATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PER CONDITION CAUSING OPERATION (WAS PER CONDITION) (WAS PER CONDITION) (Manth) (Day) (Year) (Manth) (Manth) (Day) (Year) (Manth) (Man	CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATIO FORMED BONIC OBSTRUIN 218. PLACE OF INJUIN home, form, foctory, setc.) (Hour) 21E. INJURY OCCUR While At Work I) attended the deceased fra ed allve an Occ. 6 ted abave. (I) (We) (did) (did)	N 20A. ALL ETIUM 20A.	ITOPSY? (Yes or the state of th	(If in Baltim IJURY OCCUR? 19 G to 0 That in (my) (our) o Stoff Phys. HOPKINS	are City, give exact lacoh

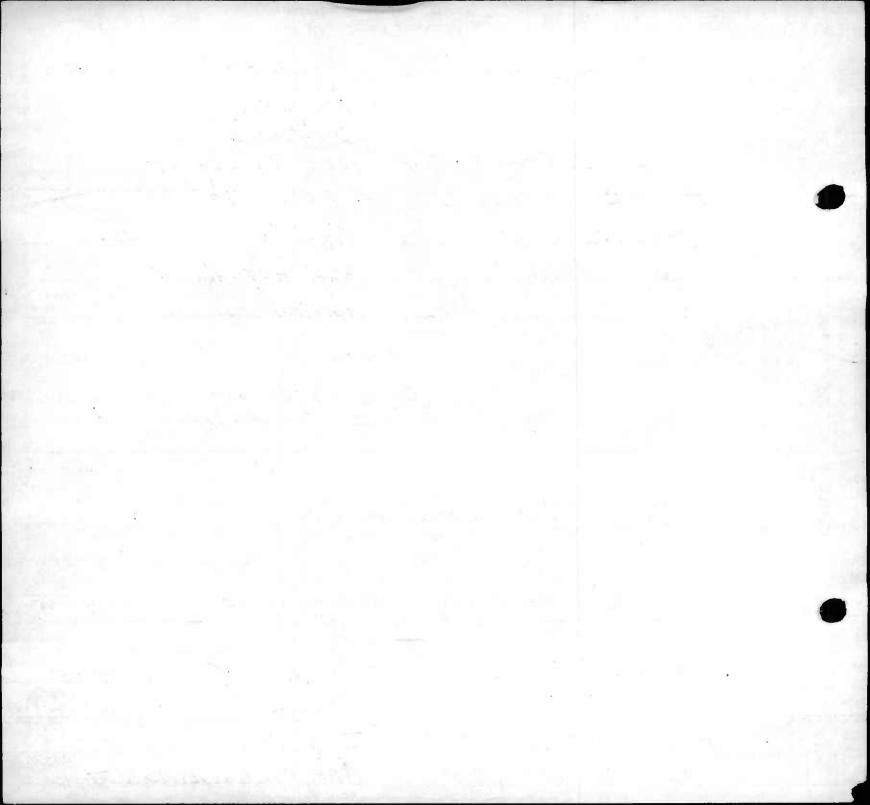


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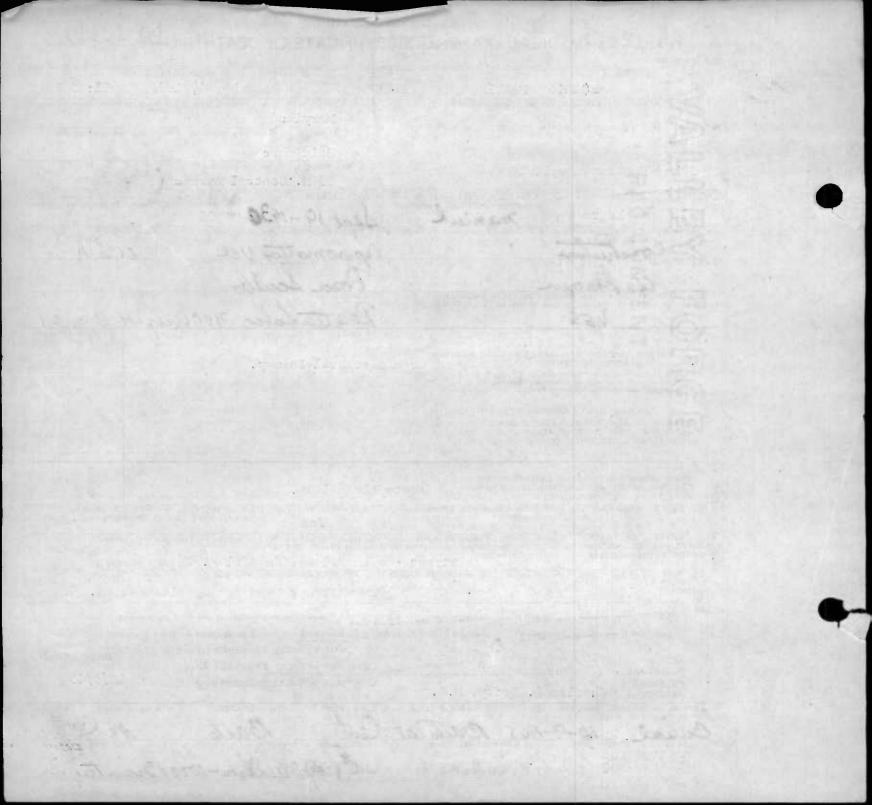
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FUNERAL

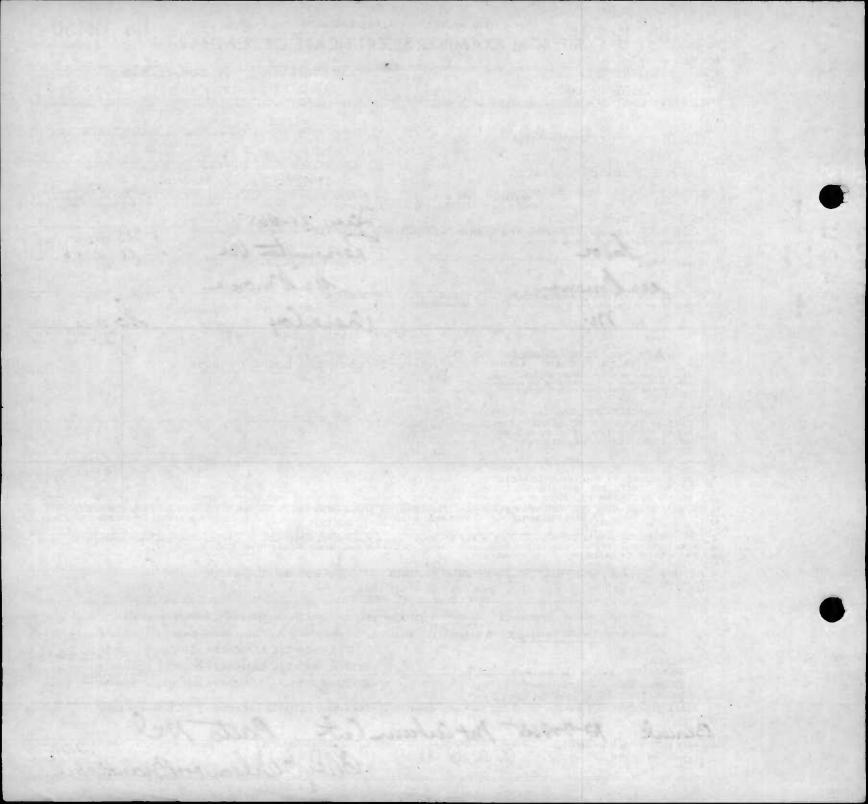
BALTIMORE CITY HEALTH DEPARTMENT



BALTIMORE CITY HEA									
BIRTH NO65 12449 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No. 12449								
M.E. CASE NO.									
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD								
ERANK MARVIN FO	RBES December 4, 1965 11:05 P								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution residence before admission) A. STATE Maryland								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II outside corporate limits, write RURAL and give township)								
NOTITUTION	Baltimore								
7-1 - 77-1-2 - 77-2-2-4-1	D. STREET ADDRESS (III rurol, give locotion)								
Johns Hopkins Hospital	29 N. Central Avenue								
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	II .								
Male Negro widoweb, DivorceD (specify)	8. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 9. AGE (In yeors Months Doys Hours Min.								
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	BY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
done during most of working life, even it retired)	an romattal Use 1181								
13. FATHER'S NAME	14, MOTHER'S MAIDEN, NAME								
11. P	Por land								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS								
(Yes, no or unknown) (If yes, give war or dotes of service) SECURITY NO.	D. 10 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
NES	Rosetta Lates 200 / asignet & golf 1								
18. [] CAU!	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral Injury.									
								heart failure, asthenia, etc. It means the disease,	(This does not mean the mode of dying, e.g., DUE TO heart lailure, asthenia, etc. It means the disease,
Injuly of complete of the which courses country	injury or complication which coused death.)								
ANTECENDENT CAUSES									
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	RISE TO THE ABOVE CAUSE (A) STATING THE								
UNDERLYING CONDITION LAST.	EN PURI I DA TRUS BRIEF IN BUILD TO BE FOR								
ő									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
TO THE DEATH BUT NOT RELATED TO THE ACULT	e Alcoholism.								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ACULT DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED								
WAS PERFORMED	Yes IN CERTIFYING CAUSES OF DEATH? Yes								
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g. home, lorn, loctory, sheet,	u, in or about 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?								
I GIUTING L'CAUSE OF DEATH.									
Street 21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	Alongside 2201 E. Chase Street								
OF INJURY									
	WHILE X Struck head during altercation.								
22. I certify that I held on Inquiry Inspection A	utopsy X ond that on this basis, death in my opinion								
resulted fram: Natural couses Accident Suici	ide Homicide X Undetermined monner								
	CHIEF MEDICAL EXAMINER								
ACTUAL O	D. ASSISTANT MEDICAL EXAMINER X								
EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER 12/5/65								
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)								
REMOVAL (Specify)	Lat Boxx mal								
Date period of period of period by	24C. FUNERAL DIRECTOR ADDRESS 2/4/17								
DEO BY 400F A	MONESS DISIN								
DEC 7 1965 Pelest & Jahren C	+Oholo Wison-1000 Brantinga								
VS 151-REV. 1/1/65									



VS 151-REV. 1/1/65



Such

				BALTIMORE CIT	Y HEALTH DEPARTM	ENT /	UE 49404
BIRTH M.E. C	NO.	65 12	451	CERTIFICA	ATE OF DEA	TH Registered	No.5 12451
1.NAA (Type o	CE OF DEATH IN	lian 1	DOPOTI	HY MYER	S 4. USUAL RESIDENCE	DEC. 5	965 16120 P M.
HO	L NAME OF	(If not in hospital oddiess or location		give street	C. CITY OR TOWN	Baltimor	re write RURAL and give township)
1	NION	MEN	IORIAL	- Hosp.	Perring D. STREET ADDRESS 2423	Park E. (If jurol, give location HILLFOR	· Nouve
5. SEX	= 6. RA	HITE	NI A	NEVER MARRIED, DIVORCED (specify)	AUG. 31,	913 9. AGE (In years lost birthday)	Months Doys Hours Min.
done di	THERS NAME	life, even if retired)	HO M	BUSINESS OR INDUSTR	Manu	AND	12. CITIZEN OF WHAT COUNTRY?
(3 EORG	E A. Green	abe (A.	ANNA.	WILKE	
(Yes, no	or unknown) (If ye	s, give wor or dote	s of service)	None	Mr. DONAL	DK. MYERS	SAME
he	DISEASE OR LEAD his does not me and foilure, osther	CONDITION DIF ING TO DEATH án the mode of nio, etc. Il meons on which coused	dying, e.g., The diseose,	(A) PI	Cenmatie L	eart dicia	ONSET AND DEATH
Dist	ANTEC	DEDENT CAUSES ONDITIONS, if ove couse (A)	ony, giving sloling lhe		tif tens	e Terosis,	mild
A D		ITION CAUSING	T.	WHICH OPERATION	20A. AUTOPSY? (YO	es of No) 20B, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
U 21 U 01	A. A CCIDENT WAR CONTRIBUTING			PLACE OF INJURY (e.g., e, lorm, factory, street,			oltimore City, give exoct locotion)
Z1 21	D. TIME (Mon INJURY PPROX.)	th) (Day) (Yeor)		INJURY OCCURRED le At Not Wh At Work	ile 🗇	DID INJURY OCCUR?	
				DEC. 5	DEC. 4	and that in (au)	PEC. 5 19 65,
23	A. SIGNATURE	the causes sto	iale	(We) (did) (did	tending Med.	Stolf 1	23B, DATE SIGNED DEC. 5, 1965
	L. EVAN		246 814	M.D		ON MEMORIA	L HOSPITAL
R	Burial	12/9/19	965 L	oudon Park Co	emetery	Baltimore,	Maryland (Stote)
	DEC 7 19	65 Roles	258 NAME OF E. NO.	4 N 0 0	1 Wan, PO	Echner LS.	no horth practives

BIRTH NO.	12452 _{MEDI}	BALTIMORE CITY HEAL CAL EXAMINER'S C	TH DEPARTMENT ERTIFICATE OF DEA	TH Registered Na.	12452
M.E. CASE NO.					
1. NAME OF DEC	EASED	Willet	2, DATE AND HOL	IR PRONOUNCED DEAD	
		HARRY JAMES			10:40 p. M.
3. PLACE IN BALT	MORE MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceos	ed lived. If institution: resid	dence before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland		
HOSPITAL OR	ADDRESS OR LOCA	TIONI	C. CITY OR TOWN (If outside corpo	rote limits, write RURAL or	nd give township!
/_			Baltimore	054	3
0		3	D. STREET ADDRESS (If rurol, give to		
	Agnes Hospit		8. DATE OF BIRTH 9.	Ave.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH 9.	AGE (In years If Under Months:	1 Yr. If Under 24 Hrs. Doys: Hours, Min.
male	white	Single	1/11/1894	11	
		TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	try) 12. CITIZI	EN OF
	orking life, even il retired) Bookkeepper	Banking	Maryland	WILA	I COUNTRY!
13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME		
Horace	M. James		Emily W. Diffend	dall	
15. WAS DECEASED	DEVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT	861 Sutappress	Street
	(If yes, give wor or dote:	s of service) SECURITY NO.	Mrs. Alice Dimling	San Francisc	
Yes	World War I		IIIS. KIICE DIMILING	Dan Francisc	,o, oall
18.40	2 / 1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OF RISE TO THE UN DERLYIN OTHER SIGN TO THE	NTECENDENT CAUSE DE CONDITIONS, IF A E ABOVE CAUSE (A) ST IG CONDITION LAST. III HIFICANT CONDITIONS (B) EATH BUT NOT RELE CONDITION CAUSING	NY, GIVING DUE TO CONTRIBUTING ATED TO THE			
0 0	WAS PERF	DITION FOR WHICH OPERATION ORMED	20A. AUTOPSY? (Yes or No.) 20B. IF IN CE	YES, WERE FINDINGS C RTIFYING CAUSES OF DE	
UNDERLYING UTING CAUS	OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Be office bidg., INJURY OCCUR?	oltimore City, give exact la	ocotion)
Z 21D TIME	(Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OC	CCUR?	
OF INJURY (APPROX.)		WHILE AT NOT	WHILE		
22.		m. WORK AT W	ORK		
I cert	URE Werner ER'S Werner	n. Frit M.D.		ermined monner ERER ER	DATE SIGNED
23A. BURIAL CREA	AATION, 238. DATE	23C. NAME OF CEMETERY O	CREMATORY 23D. LOCATIO	ON (City, town, or o	countyl (Stotel
REMOVAL (Specify	70/70/7	Off Daltimone Ma	stional Comet Dal	timomo Marra	and /
Burial	TS/TO/T	.905 Baltimore Na		timore, Maryla	
DEC '	7 1965 A.O.	E FORMANDO	24C. FUNERAL DIRECTOR	Bi	ulte, me
VS 151-REV. 1/1/6	55	4	willy guma	rause he	mara a

WALLEY YES ROES

where the agriculture to highly always providence to

A. A. STRONE OF BUILDING

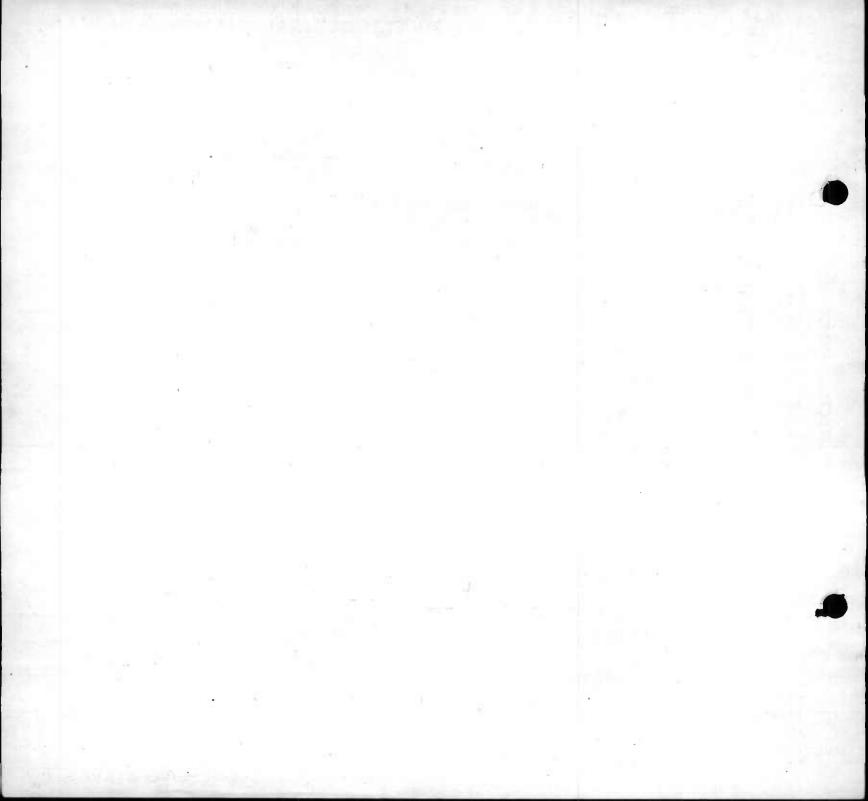
VS 150-REV. 1/1/65

65 1	2453
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BALTIMORE CITY HEALTH DEPARTMENT

49452

BIRTH NO.	00 200		CERTIFICA	TE OF DEATH	Registered No	. 63 16430	
M.E. CASE NO.	EASED				ND HOUR OF DEATH	H	
Type or Print)	Alice Willia	a m e					
3. PLACE OF DEA	TH IN BALTIMORE, MAI			Decel	ave decensed lived !!	institution: residence before admission	
S. TEACE OF DEA	CIA IN BALTIMORE, MA	ILAND		A. STATE B. COU	NTY	Institution: residence before damission	
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital a oddress or location)	or institution	n, give street	Maryland c. city or town (11 o	utside city limits, write	RURAL and give township)	
1113111011011	Provident	Hospi	tal	Baltimore			
9	1514 Divis	-		D. STREET ADDRESS	f rurol, give location)		
1	Baltimore			2911 Norfol	lk Ave.		
5. SEX			D. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	I If Haday 1 Vs. If Haday 24 h	
			/ED, DIVORCED (specily)	B. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
Female	Negro		arried	8-11-09	56		
	JPATION (Give kind of work working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?	
						USA	
3. FATHER'S NAA	AE			14. MOTHER'S MAIDEN NA	AME		
5. Wos Deceased	Ever in U. S. Armed Force	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no or unknown	(II yes, give wor or dotes	of service	SECURITY NO.			17 to 18 to 20	
1B. 23	1VM-26	OV	CAUSE	OF DEATH		INTERVAL BETWEEN	
	E OR CONDITION DIR	ECTLY				ONSET AND DEATH	
	LEADING TO DEATH	CIE		CVA			
	al meon the mode of	dvina. e r	(A) DUE TO		***************************************		
heart failure,	asthenia, etc. 11 means	the diseas					
injury or com	plicotion which coused	deoth.)		ASVD			
	ANTECEDENT CAUSES		(B)	pppg a manny a ppg co code de cod de cod da cod d cod d cod da cod d			
DISEASES C	R CONDITIONS, if a	nv. ajvin					
	obove cause (A)		10 (C)				
	CONDITION last.			80000000000000000000000000000000000000			
	11						
OTHER SIGNI	FICANT CONDITIONS C	ONTRIBLITI	NG TO	~ ~			
E TO THE D	EATH BUT NOT RELA	TED TO	THE Diabetes	mellitus with	severe ac	iddsis	
	CONDITION CAUSING IT		NAME OF THE PARTY	120 A A4120 B GHO (W. A)	[-V 200 te		
19A. DATE OF	OPERATION 19B. CONI		WHICH OPERATION	NO NO	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
E 21A ACCIDE	IT WAS LINDS IN VINC	10	10 DI ACE OF INTERNAL	in a should 21 C William Dia	(11 :_ B_/··	City of the state	
OR CONTRIBU	NT WAS UNDERLYING THING CAUSE OF medical examiner	h	TB. PLACE OF INJURY (e.g., ome, form, foctory, street, ctc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltime	ore City, give exact location)	
21D. TIME	(Month) (Doy) (Year)	(Haud a	1E, INJURY OCCURRED	215 HOW DID 'N	IIIIav occurs		
OF INJURY	(Avioniii) (Doy) (Teon			21F. HOW DID IN	JORY OCCUR?		
(APPROX)			While At Not Whi	le 🗌			
22 1	41 -4 (1) (41.1 - 1 - 21.1)			2-1-65	12	-3-65	
						19	
that (1) (we)	lost saw the decease	d alive on	·	19ond t	hat in (my) (aur) as	pinian death occurred an the c	
and hour and	from the causes state	ed abave.	(1) (We) (dld) (did not)	view the body after death.			
23A. SIGNATU			(., (, (a.a) (a.a. 1101)	The body offer death.		23B, DATE SIGNED	
3.0.0	W.	>	// ** **	tending Med.	Stoff [35]		
7	11.	76	M.D. Att		Phys.	12-3-65	
23C. PHYSICIA	N'S			23D. ADDRESS		1	
NAME (T	A. Riga	ud	44.5	1514 Divisi	on St.		
			M.D.	TYT L DIVISI	.011 200		
	MATION, 24B. DATE	24C.	NAME of CEMETERY OF CR	REMATORY 24D.	LOCATION (City, town, or county) (State	
REMOVAL (S	ppecity	111	101	1 1	N		
DURGO	12/6/1	965 N	It. Huburs	Cemetery Br	a Himme		
SA. DATE REC'D			OF REGISTRAR	25C. FUNERAL DIRECTO	RA	ADDRESS	
DEC 7	1965 R.D. P.	2 4	a March O	In I	Jarrell	17/2 W. Vonil 1	
	A A A STEEL TO A ST. T. T	The same of	The state of the s	1 00000	THE WILL GO WITH	The state of the s	



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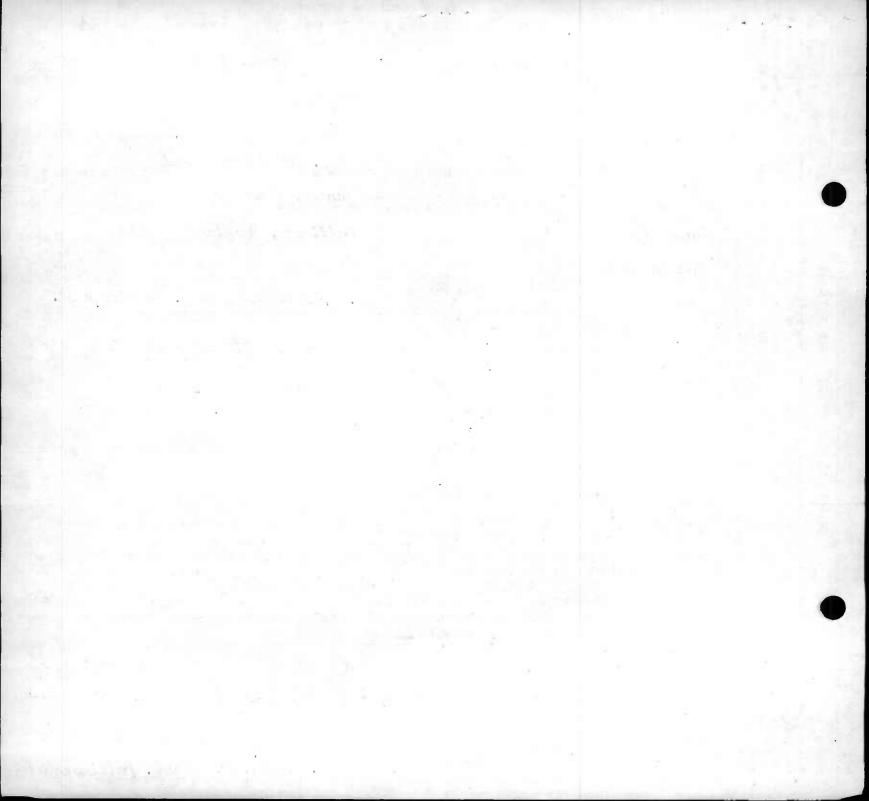
attendance on prior to death.

		BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	95 494	CERTIFICA	ATE OF DEATH Registered No.	13454
M.E. CASE NO.	EASED ANNIE	1111	2. DATE AND HOUR OF DEAT	1,
Type or Print)	inna D	ppel	DEC: 5 191	5 10.15 a
PLACE OF DEA	ATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admiss
EILL NAME C	DE (III mak in bassisa	I as institution of a second	Maruland	
HOSPITAL OR	oddress or locoti	l or institution, give street on)		RURAL ond give township)
INSTITUTION		- t	Baltimore	
301	& E. Bal	Umore Str	D. STREET ADDRESS (If rurol, give location)	
			3018 E. Baltimore Stree	+
· SEX	6. RACE	7 MARRIED, NEVER MARRIED	R. DATE OF RIPTH 19 AGE (In vents	If Under 1 Yr., If Under 24
F	white	widowed, Divorced (specify)	Jan 19, 1882 83	Months Doys Hours Mir
OÀ, USUAL OCCI	UPATION (Give kind of we	ork 108. KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
	working life, even if retired)			WHAT COUNTRY?
Housewij	Le		Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	USA
3. FATHER'S NAT	ME			
Martin	Vogts		Elizabeth	
5. Was Deceased	Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
No	in the year, give wor or do	les of service) SECURITY NO.	Mr. John Dippel 3018 E.	Baltimore St.
18.21 9	0 0 1 50		OF DEATH	INTERVAL BETWEEN
100	ST CONCOUNTING IN	00.0 0	A /	ONSET AND DEATH
DISEA	SE OR CONDITION D	日二月五	-acture of htt hip	3 month
	nol meon the mode o	of dying, e.g.,		
	osthenio, etc. It meon application which couse	s the diseose, and deoth.)		
	ANTECEDENT CAUSE	a / 7 3 4	Senitita	
		OT-10		***************************************
	OR CONDITIONS, if e above couse (A)	99		. /
UNDERLYIN	G CONDITION lost.	K (84		7
	H H	E Nã	,	, 1
	FICANT CONDITIONS	CONTRIBUTING THE	erditis + Chr. nephri	lis
DISEASE OR	CONDITION CAUSING			
19A. DATE OF		NDITION FOR WHICH OPERATION	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
ш	NIT WAS INDESTRUCTED	0.10.00.00.00.00.00.00.00.00.00.00.00.00	none	
OR CONTRIBL	NT WAS UNDERLYING	home, form, foctory, street,	in or obout 21C, WHERE DID (If in Boltime office bldg., INJURY OCCUR?	ore City, give exoct locotion)
O	medical examiner	tall elas home	home	
OF INJURY	(Month) (Doy) (Year	(-	21F. HOW DID INJURY OCCUR?	
(APPROX.)	sept > 2 196	While At Not When Work At Work	ile & Fell down Sta	175.
22 1 ===+*6	AL - A (1) (AL) - L	// j-/ n/t		
22. I certify	that (1) (this nospite	ar) dirended the deceased fram	Sept >> 1965 10 DE	
		sed alive an DEC 1		pinian death accurred an the
		ated abave. (I) (We) (did) (dtd_not)	view the bady after death.	
23A. SIGNATU	JRE	` ^		238. DATE SIGNED
Z	Liram Fr		ttending Med. Stoff Phys.	Dec 5. 196
23 C. PHYSICIA	IN'S		23D. ADDRESS	0 44 5 1
. NAME ()	yper	M.D	. 316 med Orts Bldg	Dec 5. 196:
4A. BURIAL CRE		24C. NAME of CEMETERY OF C	N 17-000 A.	City, town, or county) (Stat
REMOVAL (
Burial	12/8/	165 Oak Lawn Ceme		· ·
DFC 7	1965 AP O	258 NAME OF REGISTRAN	John A. Monan. Inc. 3000	ADDRESS
DLU 1	1000 U AX 300 /	Ol CI devidence in the	John A. Monan. Inc. 3000) & Baltimana S

24A. BURIAL CREMATION. REMOVAL (Specify) 248. DATE 24C, NAME of CEMETERY 25A. DATE REC'D BY HEALTH DEPT.
DEC 7 1965 '65

VS 150-REV. 1/1/65

255. FUNERAL DIRECTOR ADDRESS
John A. Monan, Inc. 3000 & Baltimore St



rif death occurred in a hospital and rect or contributing cause of death (4) Undetermined cause; (5) Deceased Such uo a hospital eath. ance attend 0 prior regular deceased = SID the 3 assistant if eath uo o kind; ance any pronounced attend Also, of fracture the chief medical examiner 9 regul ho 4 ₹ 3 physician MOS medical burns; physician Body the 0 to the hospital by 3 ere °Z nature; by 3 9 approved (except and any

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the body was released

BALTIMORE CITY HEALTH DEPARTMENT 65 12455 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLA USUAL RESIDENCE (Where decoosed lived. If institution: residence before edmission) MARYLAND, BALTIMORE C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If not in hospital or institution, give street FULL NAME OF HDSPITAL OR oddress or location) INSTITUTION LTIMORE Church Home Hospita Old yer made. 9. AGE (In years 7. MARRIED, NEVER MARRIED If Under 1 Yr. If Un Months: Doys Hours If Under 24 Hrs. Hours : Min. 5. SEX 6. RACE lost birthdoy WIDOWED, DIVORCED (specily) marrie disposition is IOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) unnyl And 4.5. A Self Suployed 13. FATHER'S NAME e about what John Heath Vos Doceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS final SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY uneralized CARCINOMATOSIS avolving LIVER, LUNG, omentany and mescapery embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, streat, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify modical examiner) etc.) MEDI obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 12 that (1) (we) last sow the deceased alive an Dec. death); 19 65 pe ond that in (my) (our) opinion death occurred on the date must and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A, SIGNATURE 23B DATE SIGNED Attending Stoff Mod. 12-6-65 Phys. written approval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Typo) RODOLFO Church Home 1. WH GP AN THY M.D. Chu.
DATE 24C. NAME OF CEMETERY OF CREMATORY M.D. 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION eceased REMOVAL (Specify)

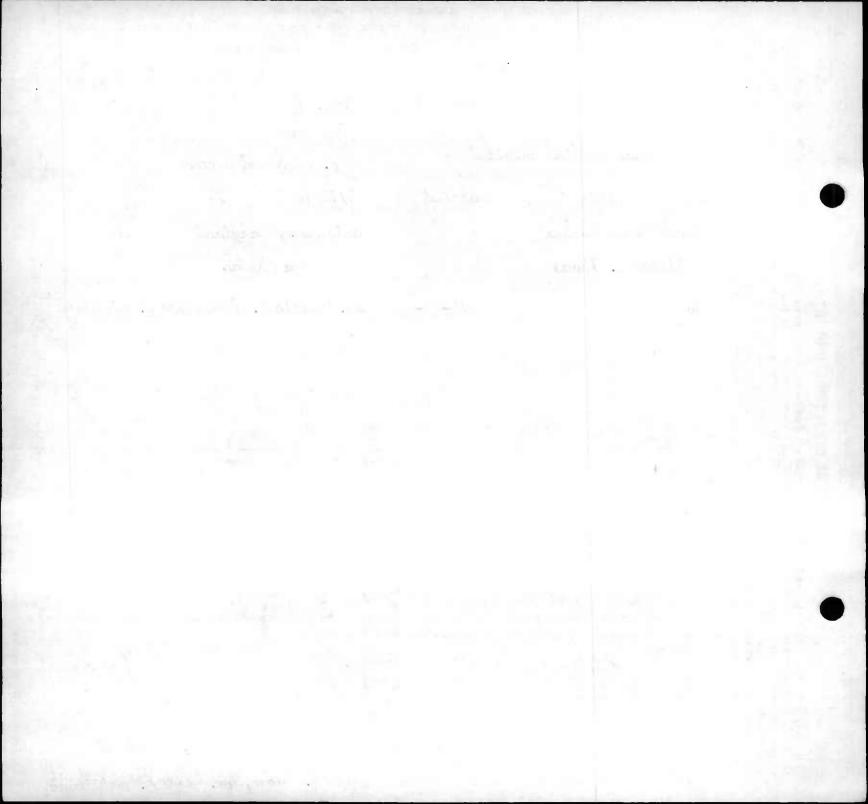
Bethel (emetery hesapeake 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John A. Moran Inc. 3000 VS 150-REV. 1/1/65

7 136 ms 1268 M morred dean de and 11 process 2 2000 Elizabeth weit folio Heath Dec. 6 To L 41 12.0 Rot Wang poor Tong Chareletteno Hospital REBOLFO LUNBERPATRY

65 12456 BIRTH NO. CERTIFICATE OF DEATH Registered No.. (5) Deceased Jance on the death. Such and of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital attendance cause FULL NAME OF (If not in haspital or institution, give street Maruland HOSPITAL OR oddress or location) determined cause; 10 INSTITUTION prior D. STREET ADDRESS (If rural, give location) contributing Johns Hopkins Hospital Highland Avenue regular mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years deceased WIDOWED, DIVORCED (specify) last birthday) Male Married disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State at fareign country) death 2 done during most of working life, even if retired) Sheet Metal Worker Baltimore, Maryland (4) Un Was the assistant if William L. Thoms Rosa Ehrman death LO S. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL or final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance Mrs. No any pronounced Also, DISEASE OR CONDITION DIRECTLY pem of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, examiner regular aminer. injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, rise to the obove cause (A) stating the physician remains UNDERLYING CONDITION last. the chief medical dical burns; 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body before the 20A. AUTOPSY? (Yes ar Na) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the ō WAS PERFORMED by (7) 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF (NJURY (e.g., in or about 21 C. WHERE DID home, larm, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF the hospital °Z DEATH (notify medical examined nature; MEDIC obtained (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the deceased from 19 6 0 99 that (1) (we) lost saw the deceased alive on. of hospital death) ond hour and from the couses stated obove. (1) (We) (did not) view the body ofter deoth. must accident 23A. SIGNATURE Attending Phys. Stoff M.D. Mad. 0 Director approval 0 23 C. PHYSICIAN'S prior 10 NAME (Type) the body was An D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased REMOVAL (Specify) shows: Lawn (emetery Was 25C. FUNERAL DIRECTOS Ö VS 150-REV. 1/1/65

4. USUAL RESIDENCE (Where deceased lived. If institution; residence (If outside city limits, write RURAL and give township) If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS arrie F. Thoms 520 N. ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in (my) (emc) opinion death occurred on the date 23B DATE SIGNED

BALTIMORE CITY HEALTH DEPARTMENT



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25C. FUNERAL DIRECTO

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VS 151-REV. 1/1/65

County Cook, Inches

Lawrence 7 Ne Jake 305 Serrepatorn No.

Sureset 124-1955 Settleren Notland (m Sattleren, Od.

Thomas I havey, Suc. 1900 Hatties St.

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21 A. EXTERNAL CAUSE WAS

(Month) (Dov)

I certify that I held an Inquiry

IN CERTIFYING CAUSES OF DEATH? No 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., INJURY OCCUR?

20A, AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED

ond that an this bosis, deoth in my opinian

21 E. INJURY OCCURRED (Hour) WHILE AT NOT WHILE

21F, HOW DID INJURY OCCUR?

resulted from: Notural causes X Accident ACTUAL

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

Homicide

Undetermined monner DATE SIGNED

SIGNATURE EXAMINER'S Charles S. Petty, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

12/5/65

23A, BURIAL CREMATION, 238. DATE REMOVAL (Specify)

UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

23C. NAME of CEMETERY or CREMATORY

Inspection X Autopsy

Suicide

23 D. LOCATION

(Stote) (City, town, or county)

BURIAL 24A. DATE REC'D BY HEALTH DEPT.

24B, NAME OF REGISTRAR

ST. STANISLAUS 24C. FUNERAL DIRECTOR

2007 EASTERNI BALTO. MD. 21231

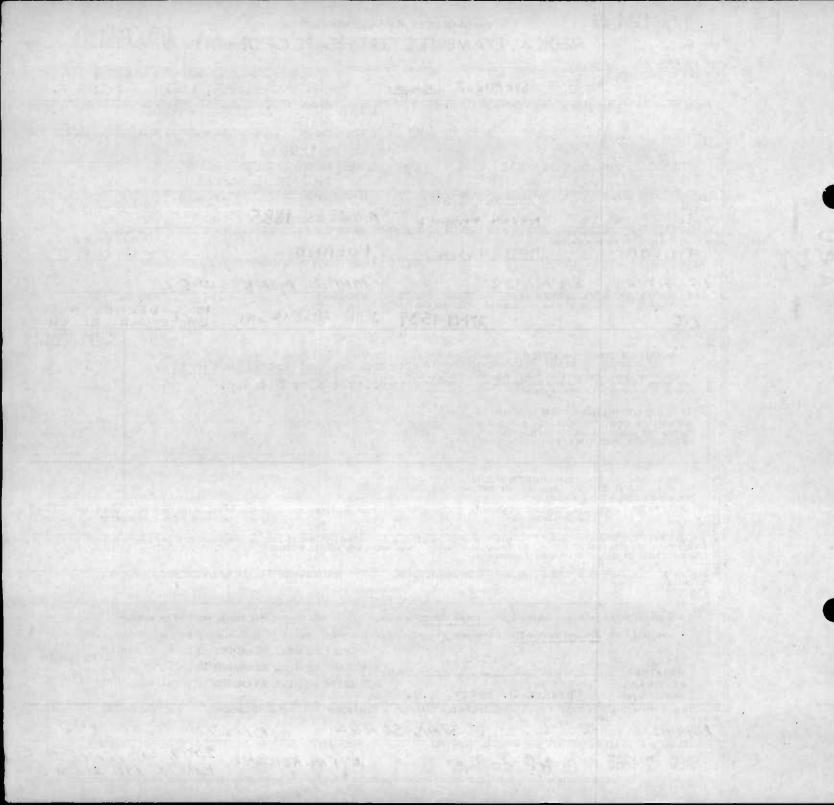
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MEDICAL

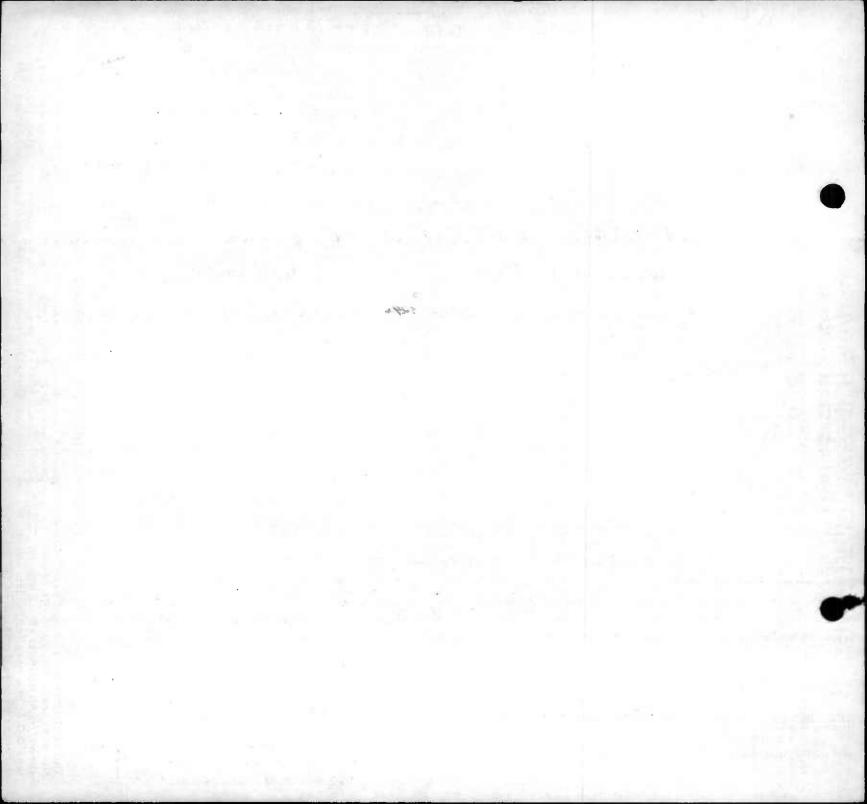
21D TIME

OF INJURY (APPROX.)

22.



BIRTH NO. 65 1246(CERTIFICA	TE OF DEATH	Registered No.	5 12460
1. NAME OF DECEASED / = 218		2. DATE ANI	HOUR OF DEATH	3
(Type or Print) William Cox		12-	5-65	19:35 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before apmission
		A. STATE ARY LAVE	7	
FULL NAME OF (If not in hospital or instituting HOSPITAL OR oddress or location)	ion, give street	C. CITY OR TOWN S (II OUT	kewood Ave	#24
INSTITUTION				
7 11-001 11-0-11		Baltimore D. STREET ADDRESS (If no	ural, give location)	100
MERCY HOSPITAL	-	7700	1 11	ad Aug
5. SEX 6. RACE / 7. MARR	RIED, NEVER MARRIED	B. DATE OF BIRTH	LAKEWO.	0 4
	WED. DIVORCED (specify)	o. DATE OF BIRTH	ost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
MALE While M	ARRIED	DAN. 23, 1901	64	
IOA, USUAL OCCUPATION (Give kind of work 108, KINC done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	S. Post Office	Enela		115A
13. FATHER'S NAME	5- 1831 0/ FICE	14. MOTHER'S MAIDEN NAN	N. O.	7-3.14.
A. 1:				
WILLIAM C	υX	Unk	nown.	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NE 276	17. INFORMANT		ADDRESS
	197-20-326	1. 1-01	729 (1	Kewood AUE
11B. 11 DORLD WAR II	CAUSE	HONES COX	7 0.24	INTERVAL BETWEEN
ナ 文 0 1 1	CAUSE	, venill		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	M.	OCARDIAL /	CARCTICAL	@LEAST 11 PA
(This does not mean the mode of dying,	e.g., DUE TO	OCAEUIAL IX	774 KC 116 K	
heart failure, asthenia, etc. It means the dise	ase,			
injury or complication which coused death.)	AJ	revo		(LEAST 11 Da
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if ony, give				
rise to the obove cause (A) stoling UNDERLYING CONDITION tost.	lhe (C)			
UNDERLING CONDITION 1051.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE THROMBI	TOPENIA T	DRAZA	@ LEAST 11 Day
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F. WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	e City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, of	tice bldg., INJURY OCCUR?		
U		015 4 5 4 5 5		
21D. TIME (Month) (Doy) (Yeor) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	KT OCCUR?	
(APPROX.)	While At Not While At Work		0	
22. I certify that (I) (this haspital) attended	ed the deceased from	1-24	961 in /1	- J 10 Co.1
		10	Mariana 19 amakandari	17.00.9
that (I) (we) last saw the deceased alive	an U	and tha	t in (my) (aur) api	niun death accurred on the da
and haur and from the causes stated above	e. (1) (We) (did) (dld nat) v	iew the bady after death.		
23A SIGNATURE	1.0			23 B. DATE SIGNED
Munick YMM	wall M.O. Atte		Stoff Phys.	Dan E 3065
23C. PHYSICIAN'S		23D. ADDRESS	, 5.	Dec.5,1965
23C. PHYSICIAN'S NAME (Typel				
Ruperto Manankil	M.D.	Mercy Hosp		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 246	C. NAME of CEMETERY of CRE			ity, town, or county) (Stote)
	Barting II.	+: 11	and regions to	Mal
25A. DATE REC'D BY HEALTH DEPT. 25B. NAA	WE OF REGISTRAR	TIONAL BA	- LII MORE	iday - ADDRESS A
100F A A A A	Frankling .	GEO. 4. SCHWA	6 FYNERAL	
DEC 7 1965 Of Deapt E.	700	14 ransis 91.	meter 210	1 Frederick Goe
VS 150-REV, 1/1/65				



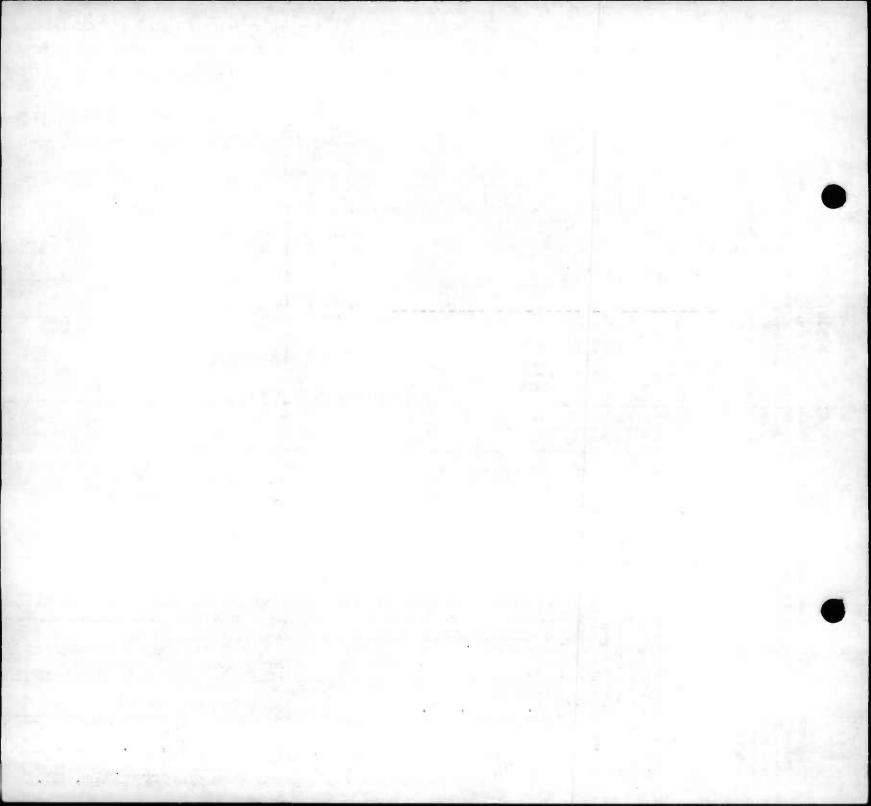
DR, 12-4-65.

BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) FULL NAME OF HOSPITAL OR Oddiess of locotion	n CERTIFICA		Registered No. 5 HOUR OF DEATH	LOTOL			
Type or Printly Leiner And	elina, E,			/ 1			
FULL NAME OF (If not in hospital or instit		Harrison and the state of the s		6:45A N			
HOSPITAL OR THUS HOPKINS ROLL N. BROACILL	4 /	C. CITY OR TOWN (If outs	Gaugh (Stitution: residence before odmission) BALTIM ORG URAL and give lawnship) CHANNO EASTWOO			
BAH mere	md.	- 1 ·2 - 0	OUGH S	T, #21224,			
	RRIED, NEVER MARRIED DOWED, DIVORCED (specily)		AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
rdA, USUAL OCCUPATION (Give kind of work 10 B. Kildone during most of working life, even if retired)	AT HOME	BALTIMO		12. CITIZEN OF WHAT COUNTRY?			
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE .				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of se	PANK BOSCA Nice) SECURITY NO.	CARMEL.		ADDRESS BALTO			
NO IIB. 3 3 A VI	CAUSE O	ADOLPH A.KLE	EINER /C	35 6006 HST, M.			
CEADING TO DEATH (This does not meen the mode of dying heart foilure, osthernic, etc. It means the disingury or complication which coused deaths antecedent CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stong underlying Condition tost. OTHER SIGNIFICANT CONDITIONS CONTRIT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	CERTIFICATION SOSS	rachnoid Hemorra		7 hours			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	Les,	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout \$1C. WHERE DID fice bldg., NJURY OCCUR?	(II in Bollimore	City, give exoct locotion)			
21D. TIME (Month) (Doy) (Year) (House OF INJURY (APPROX.)	While AI Not While Work At Work		JRY OCCUR?				
and the second s	22. I certify that (1) (this hospital) attended the deceased from 12.3. 19 65 to 12.4						
that (I) (we) last saw the deceased aliv			t in (my) (aur) apli	nion death accurred an the da			
and haur and from the causes stated about 23A. SIGNATURE/	O (me) (did) (did har) v	iew the pady after death.		238. DATE SIGNED			
Heamon U.	Ale M.D. Atte	ending Med. S. Director	Stolf Phys.	12.4.65			
PHYSTCIANS NAME (Type) Herman K. Gol		Johns Hopki	ns Hospital				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE			ty, lown, or county) (Stote)			
BURIAL 12-7-65	OAK LAWN	CEM. 1722		NAUE BALTO, CO., M EASTERN AVE.			

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased to S.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

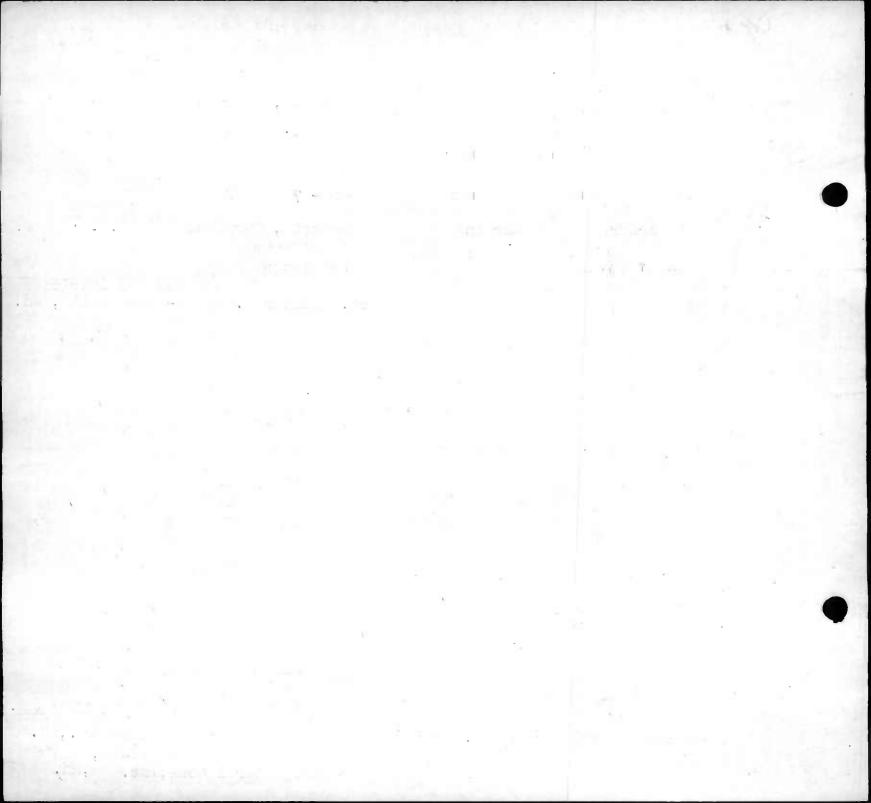
1. 10 The	BALTIMORE CITY	HEALTH DEPARTMENT						
DIRTH NO. Havre de Graa 755 124 M.E. CASE NO.	162 CERTIFICA	TE OF DEATH Registered	No. 65 12462					
1. NAME OF OECEASED	nP.	2. OATE AND HOUR OF DE	1 11 15 A.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	EK	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution; residence before odmission)					
FULL NAME OF (If not in hospital or institu	ition, give street	MARYLAND	Cosil					
HOSPITAL OR oddross or location)			write RURAL and give township)					
MAKILAND GE	NERAL HOSPITA	D. STREET AODRESS (If rural, give location	3/-00					
		R+ #1						
	RRIED, NEVER MARRIED OWED, OIVORCED (specify)	B. OATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Ooys Hours Min.					
Male Caucasian N	INER MARRIED	11-27-65	6					
tOA, USUAL OCCUPATION (Give kind of work 10 B, KINdone during most of working life, even if retired)	ID OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	No. of Contract of	House decence, Md	USA					
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME						
BELMAR FARMER		Dorothy						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wer or detes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS					
Cond this time then then then then then then then the			DEPITAL					
18, 736,21	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Asr	piration Preumania						
(This daes nat meon the mode of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE TO	and have without						
injuly at camplication which coused death.)	oe3 (8)	spaced Atropa						
ANTECEDENT CAUSES	OUE TO	pragem mixesu						
DISEASES OR CONDITIONS, if ony, guise la lhe abave cause (A) sloting								
UNDERLYING CONDITION last.		M PTOTOTO A REAL REPORTED BUILDING AND	MODEL 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
OTHER SIGNIFICANT CONDITIONS CONTRIB	IITING							
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		twity (3,5 lbs - 36 u	verks)					
194. OATE OF OPERATION 198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No) 20B. IF YES. W						
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in Bo	Itimore City, give exact location)					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	home, form, foctory, street, o	thice bidg., INJURY OCCUR?						
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX)	While AI Not While Work AI Work	•						
22. I certify that (I) (This hospital) atten	ded the deceased from	t/30/ 1965 to	12-3 1965					
	that (1) (we) last saw the deceased alive an 12-3-65 19 and that in (my) (aur) apinian death accurred an the date							
and haur and from the causes stated abo	ve. () (We) (did) (did nat)	view the bady after death.						
23A. SIGN ATURE			23B, DATE SIGNED					
Francis a. Clark	M.D. Alli	s. Oirector Phys.	12-3-65					
23C. PHYSICIAN'S NAME (Type)	V	23D. ADDRESS	011					
Francis A. (6/0 Maryland Genera	ul Hospital					
REMOVAL (Specify)	4C. NAME of CEMETERY OF CR		(City, town, or county) (Stote)					
	Hopewell Cemet	ery Port Depos						
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	TA A MAN	25G. FUNERAL DIRECTOR	ADDRESS					
VS 150-REV. 1/1/65	(COS-MODE NOT	YELF JUffeesman	Perryville, Md.					
		/						



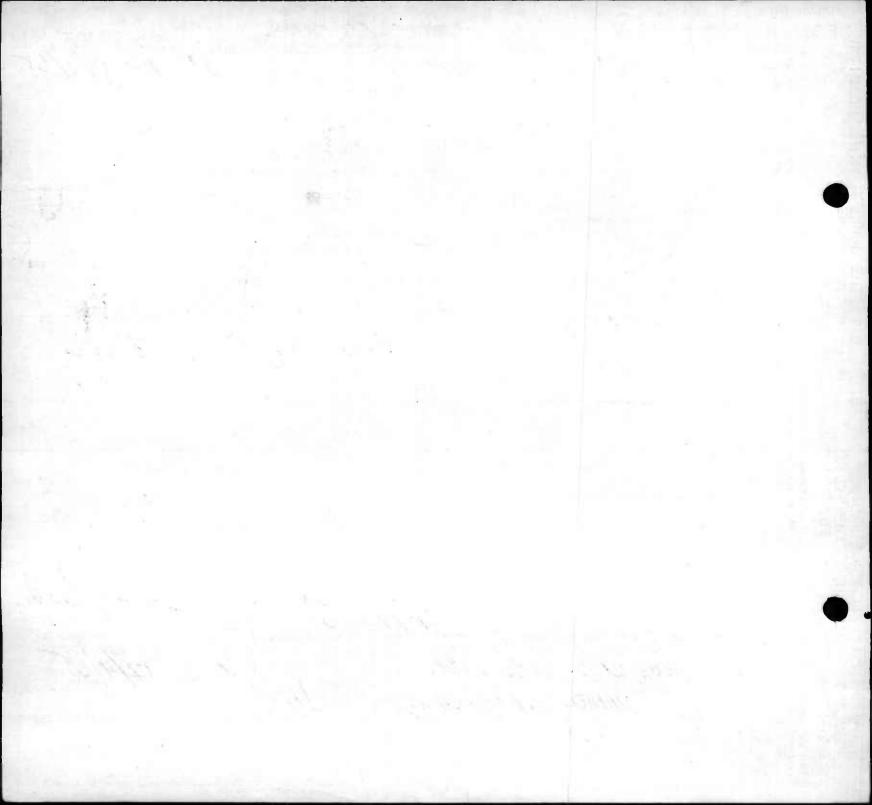
				BALTIA	AORE CITY	HEALIH	DEPARTMENT	1	5 m	
	H NO.	65 13	2463	CERT	ΓIFICA	TE OF	DEATH	Registered No	65 12463	
1. N	AME OF DECI	EASED OF THE PROPERTY OF THE P	CHA	RLES	HENR	V		ND HOUR OF DEAT	2A	
3. P	LACE OF DEA	TH IN BALTIMORE, MARY	LAND	WCC 2	ICIVI	4. USUAL	RESIDENCE (WH	ere deceased lived. If	institution: residence before admission)	
F	ULL NAME O	F (If not in hospital or oddress or locotion)	institutio	n, give street		A. STATE). B. COU	Harf		
	NOITUTITZ	dddiess di locollolly			17. 17		RETTSVI		e RURAL and give township)	
1	Union	Memorial H	lospi	ital	129	D. STREET	ADDRESS (frural, give location) Mill Road	(
5. S	EX	6. RACE 7	MARRI	DANEVER MARR	IED	8. DATE O		9. AGE (In /years	If Under 1 Yr. If Under 24 Hrs.	
	M	W	Ma	reb, DIVORCED ((specify)	11	/18/84	lost birthdoyl	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.	
		IPATION (Give kind of work) vorking life, even if retired)	JE, KIND	OF BOSINESS OR	INDUSTRE	II. BIRIMI	LACE (Stote or to	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	ashier		Ba	nking		Jar	rettsvil	lle, Md.	U.S.A.	
13.	FATHER'S NAM	A E				14. MOTH	ER'S MAIDEN N.	AME		
	Jesse	Clinton Tay	lor			Id	a Virgin	nia Jarret	tt	
15. \ (Yes	Nas Deceased , na ar unknown)	Ever in U. S. Armed Farce (If yes, give war ar dotes	s? of service	1 6. SOCIAL SECURITY		17. INFOR	MANT		ADDRESS Md.	
	No		2	216-14-7	871	Mrs.	Edna M.	Taylor	Jarrettsville	
	18. / 3	3,01			CAUSE OF				INTERVAL BETWEEN ONSET AND DEATH	
		E OR CONDITION DIRE	CTLY		- /	1 10.	A	· · · · · · ·		
		LEADING TO DEATH		(4	A)/	4 ann	ucan ain	oma of Color	<u> </u>	
	heart failure,	at mean the made of d asthenia, etc. It means t	ne diseas		UE TO			,		
	' '	plication which caused d	eath.)		0	CIATA	2001-00	.0.0:1	7 :	
	LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) Advivcan ci'numa of Colon DUE TO							Mellon		
	DISEASES OR CONDITIONS, if any, giving						V			
	rise to the above cause (A) stating the (C)								40 000 0000000000000000000000000000000	
		II III								
ATION	TO THE DI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
RTIFIC,	NOV 9	1965 WAS PERFO		R WHICH OPERA	TION	20A. A	UTOPSY? (Yes or P	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
AL CE	OR CONTRIBU	TING CAUSE OF	ŀ	118. PLACE OF IN name, form, foctor etc.)	JURY (e.g., in y, street, of	or obout 2 fice bldg., I	IC. WHERE DID NJURY OCCUR?	(If in Boltim	ore City, give exact location)	
EDIC	21D. TIME	(Manth) (Day) (Year)	(Hour) 2	IE INJURY OCC	URRED	2	IF. HOW DID IN	JURY OCCUR?		
ž	(APPROX.)			While At Not While						
	22 1	d . 10 (11 . 1 1)		Work		n+	30,	10 6C D	oc 5, 1965,	
		that (M (this hospital)			- James	<u> </u>	1=			
	•	lost sow the deceased			,				pinian deoth occurred on the dote	
		from the causes state	d obove	(We) (did)	(did not) v	iew the b	ody ofter death	•		
	23A. SIGNATU	RE	11.		M D A Wa	-dia	Mand -	51111	238, DATE SIGNED	
		7. 3.	12	>	Phys		Director	Stoff Phys.	Dec 5, 1965	
	NAME (T			HSU,	M.D.	3D. ADDR	Union	n Memo	vial Hosp.	
24A	BURIAL CREA	MATION, 248. DATE		NAME of CEME	TERY OF CRE	MATORY	24D.	LOCATION	City, lawn, ar caunty (State)	
	REMOVAL (S		68	Connotto	arillo		Te	arrettsvil	lle Manuland	
25A	. DATE REC'D	BY HEALTH DEPT. 2	65 E	arretts	ATTTE		UNERAL DIRECTO		ABBREE	
	DEC 7	1985 R. C. S	E. 40	La lace Par		1/1	Marigo 1	& Kust	Jarrettsvelle "Md.	
VS	150-REV. 1/1/6				,	Conc	and (- July	1	

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FUNERAL DIRECTOR: IMPORTANT	5 p c 2 p c
	+ B 6 0 0
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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			BALTIMORE CIT	Y HEALTH DEPARTME	ENT		
BIRTH NO.	65	1246	1 CERTIFICA	ATE OF DEA	TH Registered No	65 12464	
M.E. CASE N	10.			2. DATE AND HOUR OF DEATH			
Type or Print	JOSEPH	VATES			DECEMBER 4	1965 2:30 PM	
B. PLACE OF	DEATH IN BALTIMORE, A				E (Where deceased lived. If	institution; residence before admission	
					COUNTY		
HOSPITAL	OR oddress or loca	al or institution, tian)	give street	C. CITY OR TOWN	D, CHARLES	e RURAL and give township)	
INSTITUTIO	ON			CHARLOT		12-00	
7-				D. STREET ADDRESS		0.6	
IHE	JOHNS HOPK	INS HOS	PITAL	Box 298			
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr.	
MALE	NEGROID	WIDOWE	D, DIVORCED (specify) R ED	3-20-07	10st bighdays	Months Days Hours Min.	
	OCCUPATION (Give kind of w					12. CITZEN OF	
dane during m	ast of warking life, even if retire	d) Form	ning	Newport.	, Maryland	WHAT COUNTRY?	
13. FATHER'S	Farmer	rari	IITIIR	14. MOTHER'S MAID			
	ANT YATES			IDA GRI			
15. Was Dec (Yes, no at unl	eased Ever in U. S. Armed	Farces? ates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ox 298 Pomarlotte	
No				Mrs. Lill:	ian E. Yates	-Wife Hall , Mc	
18.	60 X 1		CAUSE	OF DEATH		INTERVAL BETWEEN	
D	ISEASE OR CONDITION	DIRECTLY				ONSET AND DEATH	
	LEADING TO DEAT		(A) Ure	nic encepha	alopathy	3 Weeks	
	(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,						
	injury or complication which coused death.)			molatoti Wa	lan di anna	F 310.030.0	
	ANTECEDENT CAUSES (B) 12 1 11111 DUE TO			HeT2relT-MI	llso disease	5 years	
	DISEASES OR CONDITIONS, if ony, giving				betes mellitus		
	rise to the obove couse (A) sloting the (C) D180			neres merri	LUS	6+ years	
	-11-						
OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTIN	G				
	E OR CONDITION CAUSING		16				
U 19A. DA		ONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERTIFYING	E FINDINGS CONSIDERED	
DAY DA				JES			
U 21A. AC	CIDENT WAS UNDERLYING	211 hor	PLACE OF INJURY (e.g., ne, farm, factory, street,	in ar about 21 C. WHERE affice bldg., INJURY OC	DID (If in Boltime	are City, give exoct lacotion)	
DEATH	(natify medical examiner)	etc					
Q 21D, TIN		or) (Hour) 216	INJURY OCCURRED	21 F. HOW E	DID INJURY OCCUR?		
OF INJU		W	nile At Not Wh				
00.1	1 78				67	Dec 1165	
	ortify that (A) (this haspi		The deceased from 1	Ovember 27	19 <u>6.5</u> to	Dec 4 19.65	
that (I)	(we) lost sow the deced	sed olive on.	Dec 4	19 00	ond that in(my) (our) o	pinian deoth occurred an the do	
ond hav	or and from the causes s	tated above.	1) (We) (did) (did not)	view the body ofter	deoth.		
23A. SIG	NATURE	1				23 8. DATE SIGNED	
	in heigh	Mone	M.D. A.	Itending Med. Directo	Stoff Phys. DInter	rn Dec 4, 1965	
23C. PHY	SICIAN'S ME (Type)	1		23D. ADDRESS			
		2 m2	M.D	Ósler Medi	cal Service	Johns Honline	
24A. BURIAL	CREMATION, 248. DATE	h Thomas 24C.N	AME OF CEMETERY OF C	REMATORY	24D. LOCATION	Johns Hoptins (City, town, or county) (Stote)	
KEMO	AL (Specify)		St. Mary's		Newport .	Charles Co., Md.	
Bur:						La Platappress	
TALES	7 1965 P. C.	A 2 25	OF REGISTRAR	25C, FUNERAL DI		253	
DEC	- 40/	W = 1.40	and and	Arenart	Funeral Hom	e, Inc.	
VS 150-REV.	1/1/00						

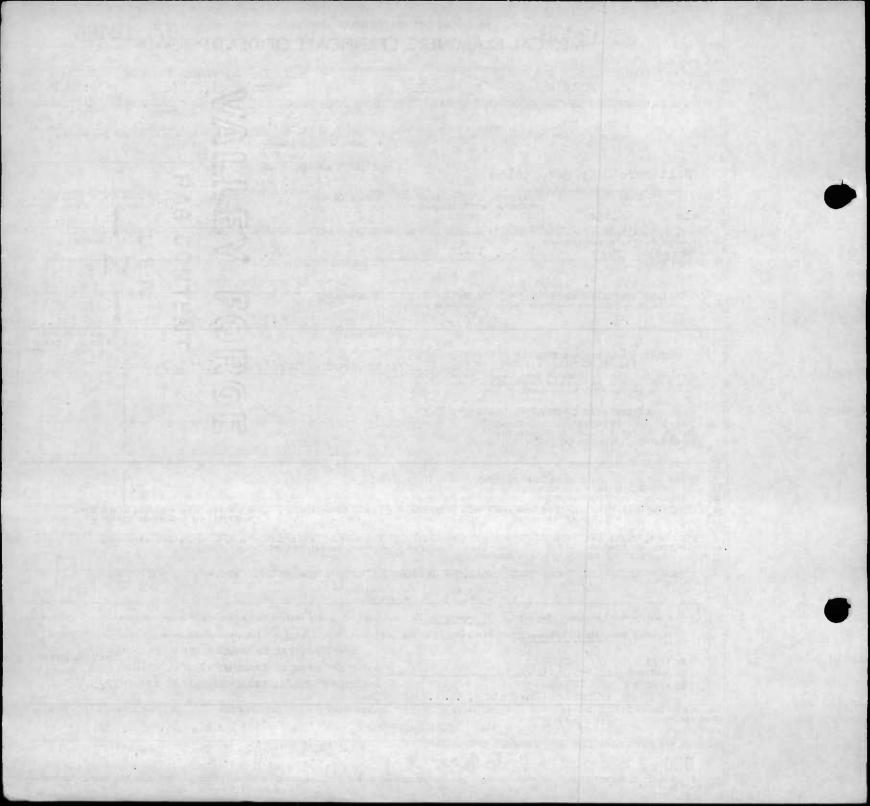


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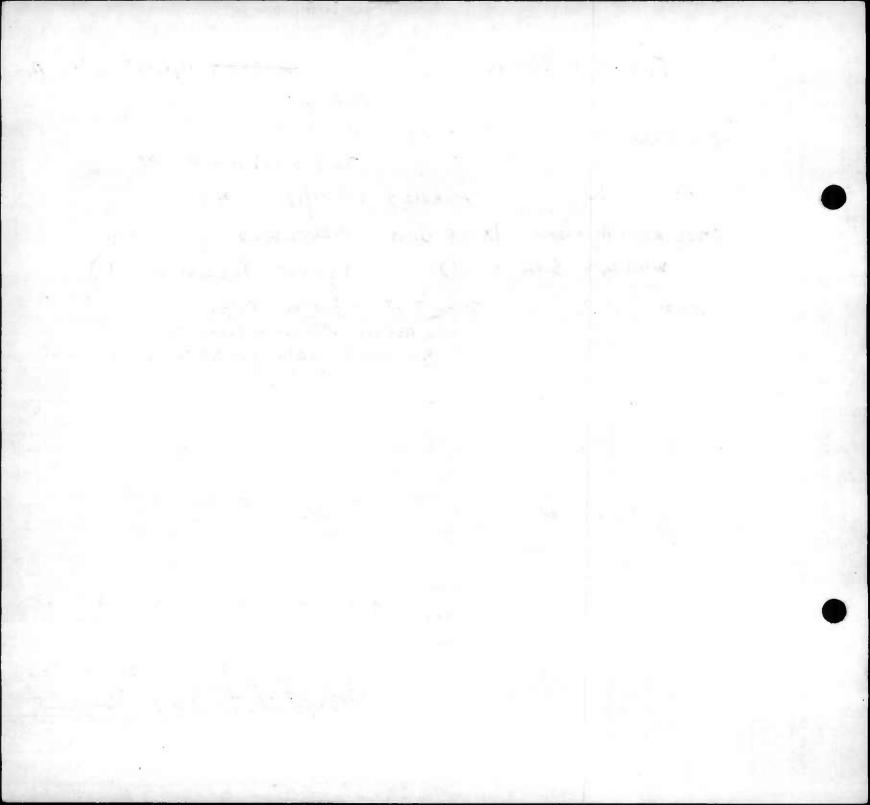
3331 Reehms Lane

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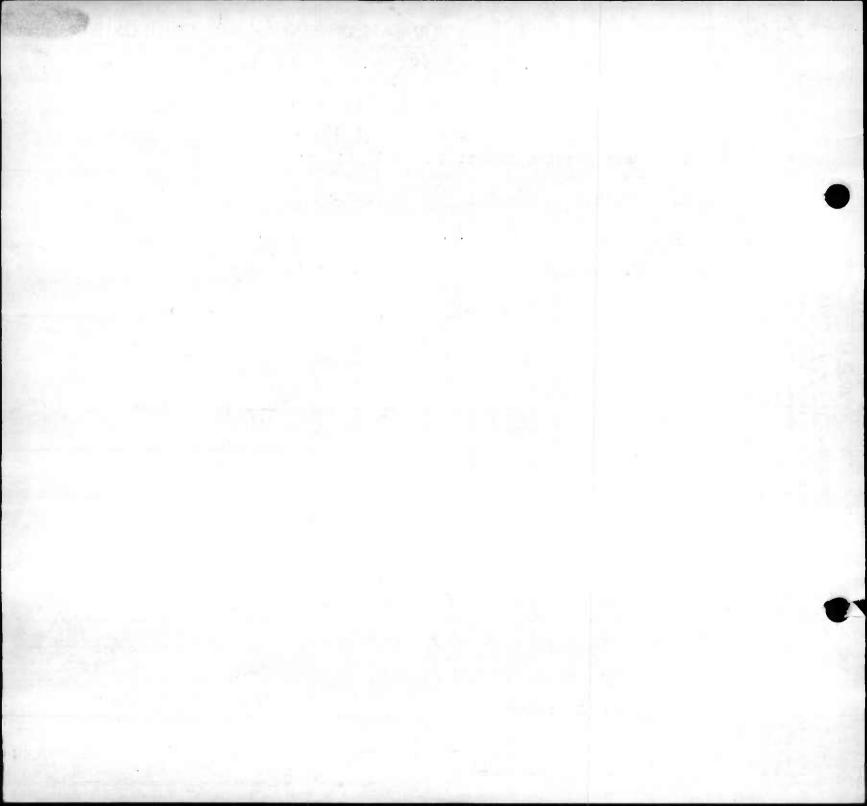


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

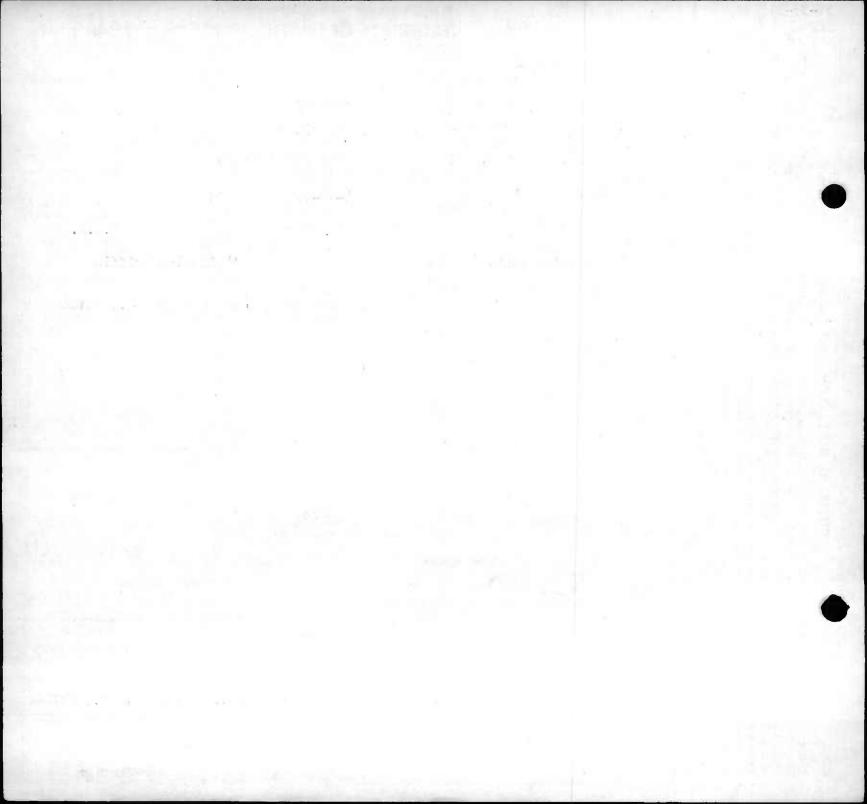
	H NO.	65 1	2467	CERTIFICA	TE OF DEATH	Registered Na	65 12467		
	AME OF DECEA	Willard Willard	210 11-		2. DATE AN	D HOUR OF DEATH	71 - 110		
		ANK W. S	RYLAND		4. USUAL RESIDENCE (When	e deceased lived.	institution: residence before admission)		
	FULL NAME OF (If not in haspital or institution, give street addless or location) NARYLAND GENERAL HOSPITAL				A. STATE B. COUN MARYLAND C. CITY OF TOWN (IF OUT BALTIMORE	side city timits, write	RURAL and give township)		
					327 S. MACON St				
5. \$	M	W	WIDOWE	MARRIED MARRIED	10/24/17	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.		
dan	during most of wor	ATTON (Give kind of work king life, even if retired) MATTEMDAL		EVER BROS	11. BIRTHPLACE ISlate or forei	gn caunfry)	12. CITIZEN OF WHAT COUNTRY? USA		
13.		LIAM SI	HANK	(d)	JENNIE WELSCH (d)				
15. Yes	Was Deceased Ev , no ar unknawn) (If	er in U. S. Armed Fare yes, give was ar date: W. W. 2- Ar	s of service)	16. SOCIAL SECURITY NO. 219-05-7167	Madeline Shank	(nee Nagen	igast) wife, above		
	(This does not heart failure, as injury or compliant AN DISEASES OR rise to the	OR CONDITION DIR ADING TO DEATH meon the mode of thenio, etc. It means colion which coused TECEDENT CAUSES CONDITIONS, if CONDITIONS, if CONDITIONS	dying, e.g., the disease, death.)	BUE TO	PIOSCIEROTIC DISEASE	CARDIDÍAS	ONSET AND DEATH UMP 6 MONTHS		
ICATION	UNDERLYING CONDITION lost.								
CERTIFIC	NONE WAS PERFORMED				No		AUSES OF DEATH?		
CAL CI	OR CONTRIBUTING CAUSE OF home, farm, factory, street, of etc.)					(If in Baltime	ore City, give exact tacation)		
-	21D. TIME (Month) (Day) (Year) (Haur) 21E INJURY OCCURRED While At Nat While At Work				URY OCCUR?	- 152.00			
	22. I certify that (I) (this hospital) attended the deceased fram NOV 27 1965 to DEC 6 1965 that (I) (we) last sow the deceased alive on DEC 5 1965 and that In(my) (our) opinion death occurred on the data and hour and from the causes stated above (I) (We) (did) (did not) view the body after death.								
	Olma	ed Le	lnes	Phy		Staff Phys.	DEC 6 1965		
	PHYSICIANS NAME (Type			M.D.	Maryland	Lener	I Hospital		
24A	Burial CREMA REMOVAL (Spe Burial	12/9/65		timore Nation		ltimore, M	City, town, of county) (State)		
	DEC 7		25B. NAME C	of REGISTRAR	25C. FUNERAL DIRECTOR Schimunet, Fun 3831. Breb	eral Home.	Inc.		



		BALTIMORE CIT	Y HEALTH DEPARTMENT								
- 11	BIRTH NO. 65 1.2468 M.E. CASE NO.	CERTIFICA	ATE OF DEATH Registered	™ 65 12468							
	1. NAME OF DECEASED (Type or Print) Kenneth I. Bandell Sr. 12-6-65 1505 Am.										
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY	d. If institution: residence before admission)							
	FULL NAME OF (If not in hospital or institution oddress or tocation)	on, give street	Maryland C. City of rown (If outside city limits.	Write RURAL and give township)							
	INSTITUTION		Baltimore 63-00								
	3	energerene er an i la	D. STREET ADDRESS (If rurol, give locoti								
9	The Johns Hopkins HXXXXX Hospital 836 Arncliffe Road										
s mad	Male White Mar	red, Never Married wed, divorced (specify)	B. DATE OF BIRTH 9. AGE (In year lost birthdoy) 45	Months Doys Hours Min.							
_	10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of warking life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?							
disposition		ay & Co.	Baltimore, Md.								
500	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Sp	William W. Bandell		Catherine Link								
	15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS								
tina		213-14-8203	Pearl Lewis Bandell, W	rife, above							
0	18.4/0 X I		DF DEATH	INTERVAL BETWEEN ONSET AND DEATH							
0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10	aland autoli	112 211 50							
E	(This does not mean the mode of dying,	e.g., DUE TO		3 1070000							
palm	heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death,)										
E B	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it meons the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.										
are	DISEASES OR CONDITIONS, if ony, giving										
	rise to the obove couse (A) stoting the UNDERLYING CONDITION tost.										
remains	THE CONTINUE TOST,										
Ĕ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
7	DISEASE OR CONDITION CAUSING IT.										
the	19A. DATE OF OPERATION 19B. CONDITION F	or which operation	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?							
ore.	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 27C. WHERE DID (It in Boltimore City, give exact location)										
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		office bldg., INJURY OCCUR?	omnote erry, give exact totally							
Pe	OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
ained	(APPROX.)	While At Not Wh									
a	22. I certify that (I) (this haspital) attende	ed the deceased fram	1965 to	19							
0	that (1) (we) last sow the deceased olive an Dec Lo 19 65 and that in (my) (aur) apinion death accurred on the date										
ė P	ond haur and fram the couses stated above. (1) (We) (did) (did nat) view the bady after death.										
must	23A. SIGNATURE			23B, DATE SIGNED							
	E would to	M.D. AI	tending Med. Stoff ys. Director Phys.	12-6-63							
>	23C. PHYSICIAMS NAME (Type)		23D. ADDRESS	1							
approval	Edward & Tarlov M.D. Johns Hopkins (Hoppins										
		NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)							
Ten		Baltimore Cemete	Baltimore,	Md.							
Writ		AE OF REGISTRAR									
3	DEC 7 1909 Of Land E.	Personal (1)	Schimunek, Funeral Hon 1 3331 Brehms Lane	ie, IIIC.							
	VS 1S0-REV. 1/1/65										

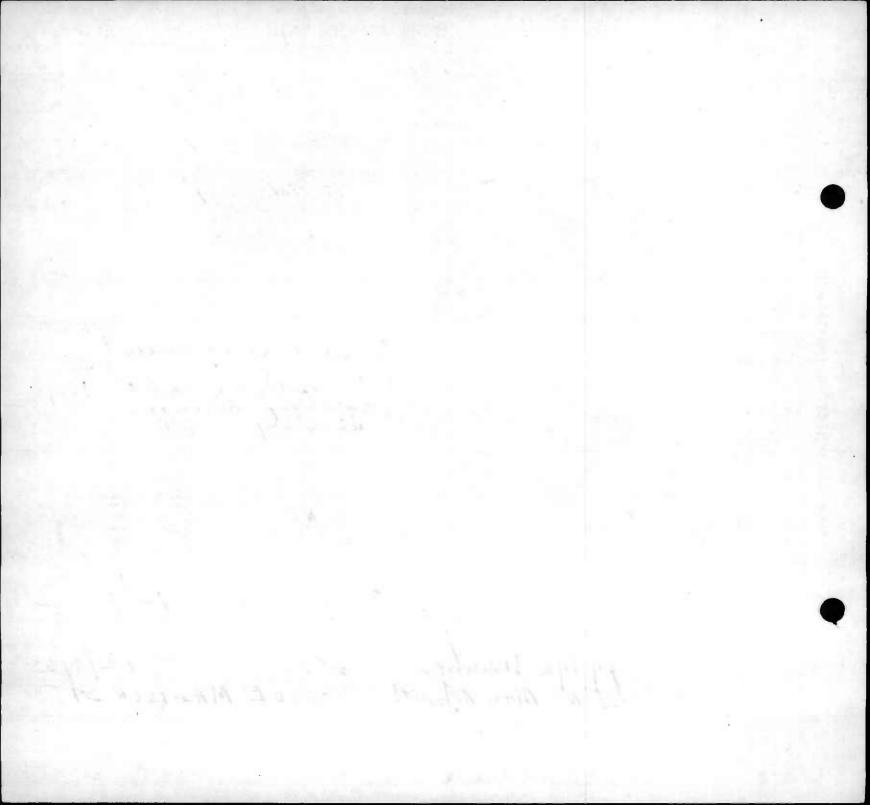


VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT	
BIRTH NO.	65 1247	CERTIFICA	TE OF DEATH Registered No.	CE 40450
M.E. CASE NO.	EASED	. /	2. DATE AND HOUR OF DEATH	07 154/1
(Type or Print)	ARRIE	Choice	2) 12/2/65	- 2 A M
	ATH IN BALTIMORE, MARY	LAND	A. STATE B. SOUNEY LATE LASS	institution: residence before admission)
HOSPITAL OR	OF (If not in hospital or oddress or location)	institution, give street	PICACITY OR TOWN (If outside city limits, write	RURAL ond give township)
George,	Washington C	ARUCA Nursing Hom	Bult' more country	alu
601 F	en nsylvania	Ave.	D. STREET ADDRESS (If rurol, give locotion)	
				52-10
Female	6. RACE Amer, 7.	MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of	working life, even if retired)		South CARolina	1150
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	0,07.
	?			
	Ever in U. S. Armed Forces		17. INFORMANT	ADDRESS
ites, no or unknown	(If yes, give wor or dates of	of service) SECURITY NO.	Chart.	
18.4.2	2.11	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIRECT	CTLY	Terebrovaoula de eteropolistic ca	11.1.
(This does n	not mean the made of d	ying, e.g., DUE TO	a avoir asea co	- CCCCCC
heart failure,	asthenia, etc. II means th application which caused de	e disease,	+ 1. +	
	ANTECEDENT CAUSES	(B)	vengillalle ca	in lowy
	OR CONDITIONS, if any	DUE TO	Ascarage desea	2
rise to th	e abave cause (A) s		Dendery	
UNDERLYING	G CONDITION last.			
E TO THE D	IFICANT CONDITIONS COL			
U 19A. DATE OF		TION FOR WHICH OPERATION		FINDINGS CONSIDERED
EO	WAS PERFO	RMED	N & IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING DITING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		DIE City, give exact location)
0 21D. TIME	(Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not Whi		/
		Work At Work	9 / 9 / 101	12/3/
		ottended the deceased fram	19 V to	12/3 1962
that (I) (we)	last saw the deceased	alive an	19 9 and that in(my) (aur) ap	pinion death accurred an the date
		above. (I) (We) (did) (did not)	view the bady after death.	, 1
23A. SIGNATU	MM m	Murchy MO. Att.	ending Med. Stoff Director Phys.	12 3 65
23C. PHYSICIA NAME (1		MAC MOURCHY.O.	23D. ADDRESS 500 E MAD	150N ST
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	City, town, or county) (State)
REMOVALI	12/8/C	MX almen 11	Omesky 1	
25A. DATE REC'D		B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
DEC 5	1965 A A	0 7. 2 7 10/1	VAI STAV.	19/000
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er or his assistant if death occurred in a hospital and		-	0	ar attendance on the deceased prior to death. Such
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a	-	9-	die	77

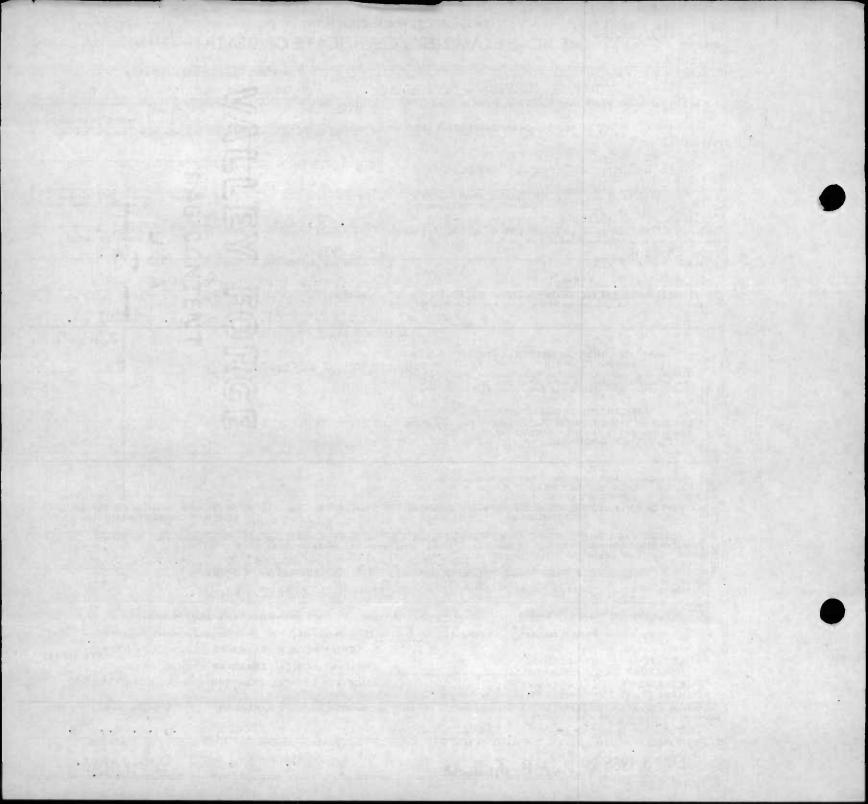
L CASE NO.			CERTIFICA	TE OF DEAT	H Registered Na	5 697
AME OF DECEASE					TE AND HOUR OF DEATH	
Ja	mes Henry			TA USUAL BESIDENCE	Dec. 5, 1965	6: 20
				A. STATE B. Colorado	COUNTY	
	oddross of locono	n)			(If outside city limits, write	RURAL ond givo township)
WS Public	Health Ser	vice Hos	spital		(If rural, give location)	0/10
EX 6. R.	ACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.)f Under 2. Months; Doys Hours A
M	W	"Marr	led (specify)	10/7/40	25	
		k 108. KIND OF	BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
eavy equip	ment			Color	rado	USA
FATHERS NAME	operator			14. MOTHER'S MAIDE	N NAME	
		l		Verna Ha	ampton	
Was Deceased Ever	in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknown) (If y	es, give wer or det	es of servicel	521-50-5118		US PHS Hospit	, , , , , , , , , , , , , , , , , , , ,
18. 1807			CAUSE	F DEATH		ONSET AND DEAT
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rise to the ob	bove couse (A)		(C)		00070000000000000000000000000000000000	000 m 0 m m 1000 0000 000 000 000 000 00
UNDERLING CC	ONDITION 1881.					
TO THE DEATH	H BUT NOT REL	ATED TO TH	3 E			
	RATION 198. COM	NOITION FOR V	WHICH OPERATION		or No. 208, IF YES, WERIN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., o, form, foctory, street, o		DID (If in Boltime	ore City, give exoct location)
21 D. TIME (Mo		(Hour) 21E.	INJURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
OF INJURY (APPROX.)		Wh	ile At Not Whi	le 🗍		
	/1V/Abia 1				10 65	Dec. 5 19
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	m the causes sto	ited abave.) (we) (did) (dig /ho/t)	view the bady after d	earn.	23B, DATE SIGNED
	nes M. W	eine	M.D. AH	ending Med.	Stoff F	12/6/65
XVV			Phy		Phys.	10/0/0/
James N	M. Weaver,	Medical	Director/ M.D.		spital, Balto	, Md.
		24C N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (5
BURIAL CREMATI	ON. 24B. DATE	2.40				elly, lowing of coolings
REMOVAL (Specif	12-6-6		inset Memoria	l Park	Dolores	Colora
Removal (Specific Removal A. DATE REC'D BY H	12-6-6	5 St	inset Memoria	l Park	Dolores	
	US Public Wyman Pk. EX 6. R. M 7. R. EX 16. R. M 16. R. M 17. R. EX 16. R. EX 16. R. M 17. R. EX 16. R. EX 16. R. M 17. R. EX 16. R. EX 16. R. M 17. R. EX 16. R. EX 16. R. IN 17. R. EX 16. R. IN 18. PAPER S. IN 18. PAPER	USUAL OCCUPATION (Give kind of wore during most of working lite, even if retired) EX	US Public Health Service Hose Wyman Pk. Drive & 31st Stree Wyman Pk. Drive & 31st Stree EX 6. RACE W 7. MARRIED, MOOVER MATH. USUAL OCCUPATION (Give kind of work 10B, KfND OF eduring most of working lite, even if retired) (eavy equipment FATHER'S NAME OPERATOR James E. Ledford Was Deceased Ever in U. S. Armed Forces? 5, no or unknown! (Iff yes, givo wor or dotes of service) Yes USN 1958-1962 1B.	US Public Health Service Hospital Wyman Pk. Drive & 31st Street EX	COLORADO COSTITAL OR STATE SOCIOPADO COSTATAL OR STATE SOCIOPADO COLORADO C. CITY OR TOWN COTEZ D. STREET ADDRESS 503 E. EX S. RACE W WATTP ED WORKED DEVORCED (specify) WATTP ED COLORADO C. CITY OR TOWN COTEZ D. STREET ADDRESS 503 E. EX W WATTP ED COLORADO C. CITY OR TOWN COTEZ D. STREET ADDRESS 503 E. INDUSTRY 10/7/40 USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY WATTP ED COLOR COLOR WAS Decosed Ever in U. S. Armed Forces? Lano or unknown) (Iff yes, give wor or delete of service) Yes USN 1958-1962 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow, esthenic, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING II. 194. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY (e.g., in or about 21.C. WHERE home, form, factory, street, office bidg., INJURY OCCURRED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INJURY OCCURRED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF INJURY OCCURRED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF INJURY OCCURRED WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION	ULL NAME OF (If not in hospital or institution, give sheet oddress or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street EX

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RAITIMODE	CITY	HEALTH	DEPARTMENT
DALTIMORE	VII 1	LEWFILL	DELWEIAI

M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) GEORGE MARTIN STITZEL, Jr. GEORGE MARTIN STITZEL, Jr. December 4, 1965 8:25 P MARTIN STITZEL, Jr. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION GEORGE MARTIN STITZEL, Jr. AUSUAL RESIDENCE (Where deceosed lived. If institution: residence before edmission as country) Brooklyn Park C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn Park D. STREET ADDRESS (If rurol, give locoson) 204 Arundel Road 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY) STUDENT MARYLAND 13. FATHER'S NAME George M. Stitzel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotos of service) No CAUSE OF DEATH 17. INFORMANT AUGUSTA 18. DATE OF BIRTH 19. AGE (In years lift Under 1 Yr. If Under 24 Hr. Months: Days: Hours, Min. Months: Days: Hours, Min. Months: Days: Hours, Min. Monther's Malden NAME Jennie Irieck Hazelgrove 17. INFORMANT ADDRESS George Stitzel, Sr204 N. Arundel Rd.	BIR	65 12472 MI	EDICAL E	BALTIMORE CITY HEA XAMINER'S C			DEATH Regist	55 12472 ered No.
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State Stat	M	Male White			A110 3	1.101.8		Monms Doys Hours Min.
Student George M. Stitzel 15. WAR DECEASED EVER IN U.S. ABANED FORCES? NO O O O O O O O O O O O O		A. USUAL OCCUPATION (Give kind o	f work 108. KIND C		Y 11. BIRTHPLAC	E (State or foreig	ga country)	
13. MATHERS NAME George M. Stitzel 14. MOTHERS MADEN NAME 17. INFORMANT ADDRESS 16. SOCIAL 17. INFORMANT ADDRESS 17. INFORMANT A	dor	0 4 3 4	ired)		Marvl.	and		
S. WAS DECEASED EVER IN U.S. ABMED FORCES? In. SOCIAL SECURITY NO.	13.	FATHER'S NAME			14. MOTHER'S	MAIDEN NAM	E	
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Uning Cause of Death. Cause of Death Cause of Death Cause Cause of	V	21A, EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB-	21 B. hom	PLACE OF INJURY (o.g., e, form, foctory, street,	in or about 21 C.	WHERE DID	(If in Boltimore City, g	ive oxoct location)
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ACTUAL Signature Suicide Accident Suicide M.D. ASSISTANT MEDICAL EXAMINER 12/5/65	2	ZID HIVE (Month) (Doy)	(Your) (Hour)	21E. INJURY OCCURRED				EXTERNAL PROPERTY.
Control Cont			65 P m.	WHILE AT NOT AT W	WHILE K ST	not self	in head.	
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EXAMINER'S NAME (Type) Charles S. Petty, M.D. 23A. BURIAL CREMATION, REMOVAL (Specify) Burial 12-7-1965 Cedar Hill Cemetery Ritchie Hgwy., A.A.Co., Ma. 24A. DATE REC'D BY HEALTH DEPT. 24R NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS DEC 8 1965 P. L. S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER 1275/65 County of CREMATORY Ritchie Hgwy., A.A.Co., Ma. 24C. FUNERAL DIRECTOR ADDRESS DEC 8 1965 P. L. S. Petty, M.D. George J. Gurice, 4001 Ritchie Hgwy. Baltimore 25, M.D.			1.1	1				DATE SIGNED
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DEC 8 1965 P. L. B 2 To L. W. George J. George		MOVAL (Specify)						
DEC 8 1965 R. L. & E. Folk W. O) George J. George, Lool Ritchie Lighty.	2.4							
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VS 150-REV. 1/1/65

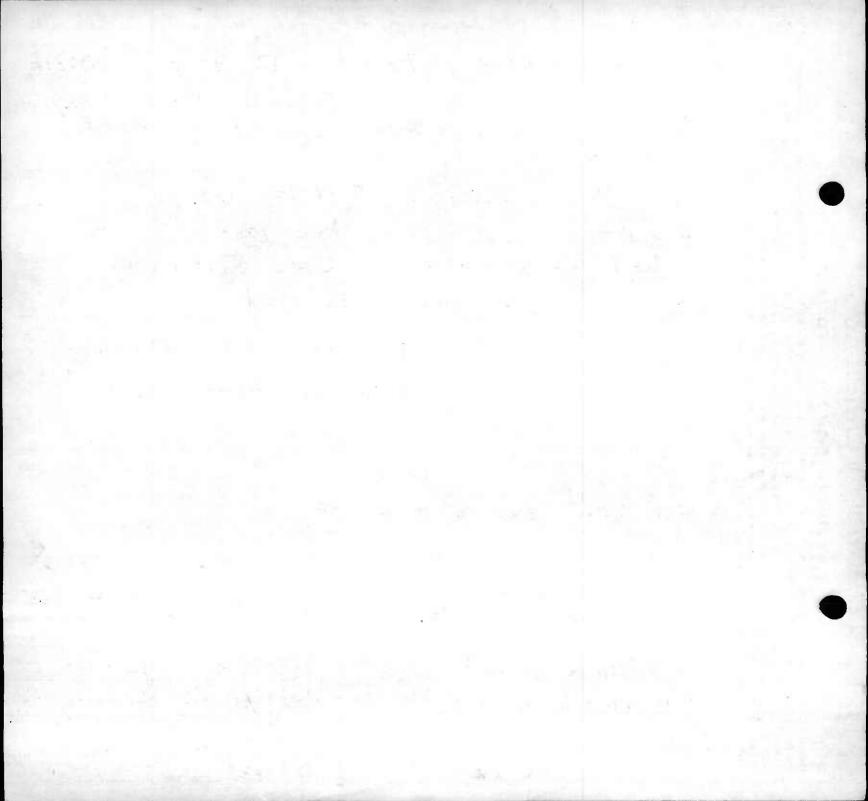
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PALTIMODE	CITY	MEALTH	DEPARTMEN
DALTIMORE	CITT	LEWFILL	DELAKIWELA

BIRTH NO. 65 1	2473 CERTIFICA	TE OF DEATH Registered	No.65 12473
M.E. CASE NO. 1. NAME OF DECEASED (Typo or Print) 11 A D 7 L 1 A V 1	0.4	2. DATE AND HOUR OF DE	
HAKIMIAN 16		12000	5 am
HOSPITAL OR oddress or location	or institution, give street	A. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY MARY COUNTY C. CITY OR TOWN (If outside city limits, w	Il institution; residence before odmission rito RURAL and give township)
INSTITUTION		Baltimore	26-9
Battimore City He 4940 Eastern Avenu	Spriak e Balto., Md. 21224	D. STREET ADDRESS III wool, give locotion S	+
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) March 21-1921 AA	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Wait (ESS)	10B, KIND OF BUSINESS OR INDUSTRY	west Virginia	12. CITIZEN OF WHAT COUNTRY?
Albert Raine	25	Chloe Smith	
15. Was Deceased Ever in U.S. Armed For (Yes, no ar unknown) (If yes, give wer or date	ces? s of service) 1 6. SOCIAL SECURITY NO.	Jerry Hartman	Eastern Avenue St.
18. 5-20.21	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH	(A)	Small bowel gaugiena	3 wks?
(This does not mean the mode of heart failure, asthenio, etc. It means injury or complication which coused ANTECEDENT CAUSES	the disease, death.) (B)	Orterial oclusion	
DISEASES OR CONDITIONS, if rise to the obove couse (A) UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION SELECTION OF THE DISEASE OR CONDITION CAUSING I	TED TO THE		
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., home, form, foctory, street, otc.)	in or obout 21 C. WHERE DID (If in Bol office bldg., INJURY OCCUR?	timore City, give exect location)
21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED While At		. 3111
22. I certify that (I) (this hospitol that (I) (we) lost saw the decease		c 19 65 and that In (my) (aur	ocember 6 1965
	ted above. (f) (We) (did) (did nat)	view the bady after death.	loca Darr signifo
23A. SIGNATURE	M.D. AH	lending Med. Stoff Phys.	12-6-65
23C. PHYSICIAN'S NAME (Type)	UINTERO M.D.	23D. ADDRESS 4940 Eastern Aver	nue Balto., Md. 21224
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CE		(City, town, or county) (State)
BURIAC 12-9.	6 EGENEZE 258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR	M. VA.
DEC 8 1965 P.O. A	E. Friedriches (BOOK FORERAL DIRECTOR	n 8521 Localhour

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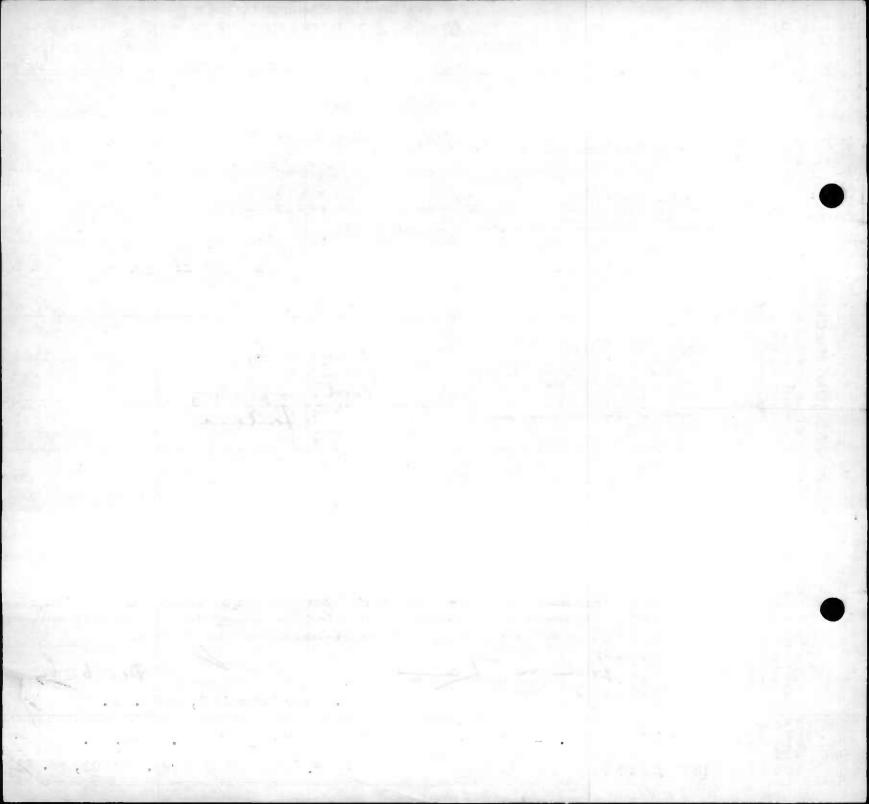
				BALTIMORE CITY	HEALTH DEPARTMENT	. 1	0= 49494
	TH NO.	65 1247	74	CERTIFICA	TE OF DEATH	Registered No	65 12474
1. N (Typ	AME OF DECEASED	NOER WO	RKER	FR	ANK 2. DATE	2 - 4 - 6	5 10:34A M.
3. F	PLACE OF DEATH II	BALTIMORE, MAR	LAND		4. USUAL RESIDENCE (VA. STATE B. CO		institution: residence before admission)
	FULL NAME OF	(If not in hospital and oddress or location)	r institution, g	ive street	FEDER	AL PEN	ITENTIARY
i	NSTITUTION		11 50	RVICE Hospita	4	outside city limits, write	PENINA
	/				D. STREET ADDRESS	(If rural, give location)	1-20011
		nore, Mi					V-00
5. S	EX 6. RA	CE /		NEVER MARRIED , DIVORCED (specify)	3-29-05	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	USUAL OCCUPATI	ON (Give kind of work)	OB. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	INMAT	- 6			New	YORK	US
13.	FATHER'S NAME	1 11	1	- 4/	14. MOTHER'S MAIDEN		
	NEI		0	ORKER	JANE	Reifer	
		in U. S. Armed Forces, give war ar dates		SECURITY NO.	DECEAS	ied	ADDRESS
	18.5 701	21,		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		CONDITION DIRE	CTLY	т.	FARCTION	of Taitos	
	(This does not m	epn the mode of		DUE TO	FAK CLION	01 470 - 12	time weeks
	nearl failure, asthenia, etc. It means the disease, nivry ar camplication which caused death.) ANTECEDENT CAUSES (B) MESENTERIC Atherosclerous						
	ANTE	CEDENT CAUSES	- 2	(B) M	SENTERIC	THEROSCI	ekoks
		ONDITIONS, if a ave cause (A)		160			
	UNDERLYING CO		sioning inc	(C)	* 0 ***** 6* 00 00 00 00 00 00 00 00 00 00 00 00 00	00 00 00 00 00 00 00 00 00 00 00 00 00	
z	OTHER SIGNATION	II NT CONDITIONS CO	ALTRIBUTION				
ATIO	TO THE DEATH	BUT NOT RELAT	ED TO THE		ma Ma Pro		
FIC		RATION 198. COND	ITION FOR V	HICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
123	11/20/65 91	1/29/65	EHM6	- AS #16/	NO NO		
AL C	21 A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CAUSE OF	hom- etc.)	e, lorm, foctory, street, o	n or about 21 C. WHERE DIE ffice bldg., INJURY OCCUR	? (If in Bollimo	are City, give exact lacation)
DIC		nth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?	
A	OF INJURY		Whi	e At Not Whil			
		(I) (this hospital)	Wor		Nov. 20	19 65 to	DEC 4 19 65.
	The second second	saw the deceased		1122 11			pinlan death accurred an the date
					view the bady after deat		
	23A. SIGNATURE		0				23B. DATE SIGNED
	will	lam 2 (1	Jella	M.D. All	ending Med. Director	Staff Phys.	12-5-63
	23C. PHYSICIAN'S NAME (Type)	1	iel 1	11.	23D. ADDRESS	11 - 1 - 1	Dallana Mil
	WI	IAM L.	WIL	KIE M.D.	US PHS	HOSPITAL,	BALTIMORE, MIS
244	REMOVAL (Specify		24C. NA	ME of CEMETERY OF CR		LOCATION (City, town, or county) (State)
25A	Burial	12/8/6	5 WOO	dlawn Ceme	tery O	lanistee, N	ew York
	DEC 8 19	65 R.D. A	E Fire	Porta n in	1000	8523	
VS	1SO-REV. 1/1/6S		7 332.00				TO A TIME TO A A A A A A A A A A A A A A A A A A



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT		
81	RTH NO. 65-29634	CERTIFICA	TE OF DEATH	Registered No.	T 40 400
N 1.	LE CASE NO.	/5		HOUR OF DEATH	124/5
(T	ype or Print)	101+00		35 66	6.1965 1:50Pm
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	WITE.	4. USUAL RESIDENCE (Where	deceased lived. Il insti	
			A. STATE B. COUNT	2	6-34
	FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	C. CITY OR TOWN (If outsi	de eite limite unite BII	RAL ond give township)
1	INSTITUTION		D 1+		KAE ond give township)
4/	Maryland General	HOSPITON	D. STREET ADDRESS (II ru	rol, give location)	
	· raigiana General	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5506 Jari	The same of the sa	A-+1
5.	SEX 6. RACE 7. MARRI	IED, NEVER MARRIED			Il Under 1 Yr., If Under 24 Hrs.
		WED, DIVORCED (specify)	NOV, 30, 1965 10	st birthdoy)	Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
1	A. USUAL OCCUPATION (Give kind of work 10B, KIND	OF RUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12, CITIZEN OF
	ne during most of working lite, even il retired)				WHAT COUNTRY?
			Maryland		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	Robert Ellwood Wal	ter	Loyce Dolo	res Ba	Loski
13	. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
1	es, no or unknown till yes, give wor or doles of service	SECURITY NO.	Father, Robe	AF11 11	1.14.30-m-
-	18. = 3 6 1	CAUSE O		ri me w wood a	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Z CAUSE OF	DEATH		ONSET AND DEATH
	LEADING TO DEATH	5 B	a homester to	_	
	(This daes not mean the made of dying, e		/ revolution		0.000 0
	heart failure, asthenia, etc. It means the disectinjury or complication which coused death.)	ise,	premerten to	,	
	ANTECEDENT CAUSES	A (B)	Corcho respi	Le Louis	
	DISEASES OR CONDITIONS, if any, giv	DUE TO	1.8		
	rise to the above cause (A) stating		fari		
	UNDERLYING CONDITION Iosi.		V		
11 ,	II CONTRIBU	TIMO			
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES WERE FIR	NDINGS CONSIDERED
1	19A-DATE OF OPERATION 19B. CONDITION FO	JR WINCH O'ERAHON	YES	IN CERTIFYING CAUS	SES OF DEATH?
6	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
- 11	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?		,,,
1					
1 6	21D. TIME (Month) (Doy) (Yeor) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
1	(APPROX)	While At Work Not While At Work			
	22. I certify that (I) (this hospital) attende	d the deceased from N	OV, 30 19	65 10 DEC	6 19 65
	that (1) (we) last saw the deceased alive of	DEC 6	19 6 5 and the	t in (my) (our) apini	on death accurred on the date
	ond hour and from the couses stated above				
	23A. SIGNATURE	, <u>117</u> (, (<u>115</u>) (116 116), (1011 1110 0007 01101 000111		23B. DATE SIGNED
	10-	M.D. Atte		Hotel	D /-/-
	23C. PHYSICIAN'S	Phy	s. Director F	'hy s.	12ec 0 - 03
	NAME (Type)	11		amital Dal	+- W4
		M.D.	Md. General H		
2	REMOVAL (Specify) 248. DATE 240	C. NAME of CEMETERY or CRE	MATORY 24D, LO	CATION (City,	, town, or county) (State)
		Gardens of Fa	ith Trump	s Mill Rd. H	Balto. Md.
2	A. DATE REC'D BY HEALTH DEPT. 258. NAM	AE OF REGISTRAR	256. FUNERAL DIRECTOR	200	ADDRESS 20
	DEC 8 1965 P. Din & E. Jo	tille M.B	JOHN J. DUDA 7	922 Wise Ave	e. Dundalk, Md. 22



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D.O.A. shaws: (1)

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Balto. Co. Md. Faith JOHN J. DUDA 7922WiseAve. Dundalk Md. 21222 VS 150-REV. 1/1/65

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12-6-10-32-68 12-7-

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BALTIMORE CITY HEALTH DEPARTMENT 65 40477

BIRT	H NO. 65 1247	MEDICAL EX	AMINER'S C	ERTIFICATE (OF DEA	ATH Registe	red No. 124//
	CASE NO.						
(Ty	NAME OF DECEASED			2. DA	TE AND HO	OUR PRONOUNCE	
		EDWARD W.			12-5-6	55	10:20 P. M.
FUL	L NAME OF (IF NOT IN SPITAL OR ADDRESS O	HOSPITAL OR INSTITU		Maryland			tution: residence before odmission) NTY ARURAL and give township)
INS	TITUTION	KINS HOSPI T A	L - DOA	Baltimore D. STREET ADDRESS		8	-02
				1953 Patt	erson]	Park Aven	ue
5. S	Male White	Never	NEVER MARRIED DIVORCED(specify) married	Dec. 10- 189	97	AGE (In years ast birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	usual occupation (Give kin during most of working life, even if letired, laborer	retired)		Baltimore 14. MOTHER'S MAIDEN	e, Mary		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.1	Edward H. Ha	milton	3		ohie My	ers	
	NAS DECEASED EVER IN U.S., no or unknown) (If yes, give wor		16. SO CIAL SECURITY NO. 220-12-6457	Niece, Mrs.	Elizab	eth Hale,	ABONESS Eirman Ave. Balto. Md. 21213
	DISEASE OR CONDITI LEADING TO (This does not mean the mean failure, astheria, etc., I	DEATH		OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
7	ANTECENDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUSI UNDERLYING CONDITION	CAUSES IS, IF ANY, GIVING E (A) STATING THE	(B)	due to	c heart	disease	
ERTIFICATION	OTHER SIGNIFICANT COND TO THE DEATH BUT N DISEASE OR CONDITION C	OT RELATED TO TH					
O	19A. DATE OF OPERATION 19	B, CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
EDIC	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B. 1 home, etc.)	form, foctory, street,	in or obout 21C. WHERE INJURY OCC	DID (If in	Baltimare City, giv	ve exoct location)
Σ	21D TIME (Month) (Doy) OF INJURY (APPROX.)		HILE AT NOT AT W	WHILE ORK	D INJURY O	CCUR?	
	I certify that I held resulted fram: Natu		/	e Homicide	Unde		
	ACTUAL SIGNATURE EXAMINER'S	haller i		ASSISTANT MEDIC. ASSOCIATE MEDIC	AL EXAMI	NER 🖺	DATE SIGNED 12-6-65
REA	BURIAL CREMATION, 23B. D MOVAL (Specify) Urial D	ec. 8- 1965	C. NAME of CEMETERY of Baltimore				town, or county) (Stote) & Rose St. Balto.
24A	EC 8 1965 R.C.	T. 24B. NAME	OF REGISTRAR	JOHN J.		29 Hudson	St. Balto. Md. 2
VS	151-REV. 1/1/65						

prior to death. Such

deceased

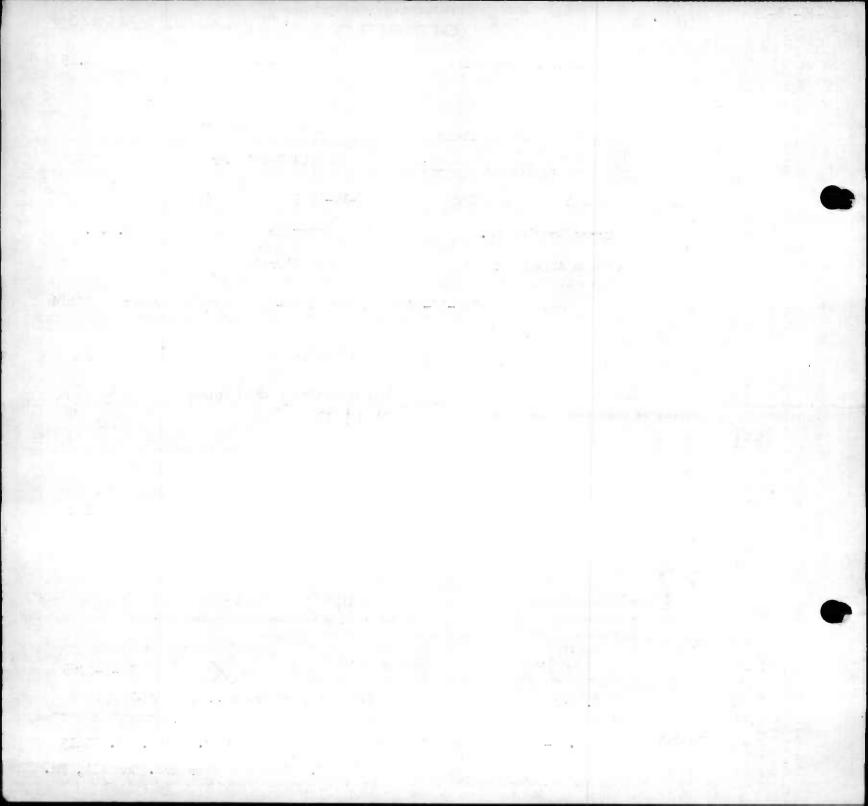
deceased prior to death); and (6) No physician was in regular attendance on the

was D.O.A. at a hospital

M.E. CASE NO.	65 1247	40	ATE OF DEATH Registered No.	65 12478
1. NAME OF DECE (Type or Print)	Dominic Ar		2. DATE AND HOUR OF DEATH	8.15 A
3. PLACE OF DEAT	TH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, If it A. STATE 8. COUNTY	institution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital ar institu address ar lacotian)	tion, give sheet		RURAL and give township)
-1	Baltimore City I	Hospitals	Rural Dundalk	63-00
51	4940 Eastern Ave Baltimore, Maryla	and 21224	7513 Old Battle Grove Ro	oad 21222
S. SEX	WID	RRIED, NEVER MARRIED OWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years lost birthday) 4.2	If Under 1 Yr. If Under 24 H Months Days Hours Min.
IOA. USUAL OCCU	PATION (Give kind of work 10B. KIN orking life, even if retired) Arrow Brewing		Y 11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		000	14. MOTHER'S MAIDEN NAME	
	Joseph Annechi	no	Rose D'Orzio	
	Ever in U. S. Armed Farces? (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT	ADDRESS
No	None	SECURITY NO. 317-14-9488	Records: BCH-4940 Eastern	Avenue 21224
18. 4/ /	XI	CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE	OR CONDITION DIRECTLY			ONSET AND DEATH
	EADING TO DEATH If meen the made of dying,	e.q., DUE TO	Meumonia	· Zuh
heart failure, a injury or comp	isthenia, etc. II means the dis- plication which caused death.)		August Hillow	8 24.
	NTECEDENT CAUSES	DUE TO	2000	
rise to the	CONDITIONS, if ony, go bave cause (A) stating CONDITION lost.		414 ()	30 4
E TO THE DE	II ICANT CONDITIONS CONTRIBI ATH BUT NOT RELATED TO			
	OPERATION 1198 CONDITION	FOR WHICH OPERATION		
19A. DATE OF	WAS PERFORMED		Yes Yes or No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
V 21A) ACCIDENT OR CONTRIBUT DEATH (notify			Yes IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH? YES one City, give exact location)
OR CONTRIBUT	WAS PERFORMED T WAS UNDERLYING TING CAUSE OF	218 PLACE OF INJURY (e.g., home, form, factory, street, oetc.)	Tes IN CERTIFYING C. In or about 21 C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR?	AUSES OF DEATH? Yes
OR CONTRIBUTE OF INJURY (APPROX.) 21. I certify that (I) (we) I	WAS PERFORMED T WAS UNDERLYING TING CAUSE OF medical examiner) (Manth) (Day) (Year) (Haur) That (1) (this hospital) ottend last sow the deceased alive	218. PLACE OF INJURY (e.g., home, farm, factory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed from	IN CERTIFYING C. In ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	AUSES OF DEATH? Yes
OF INJURY (APPROX.) 21. I certify that (I) (we) I	WAS PERFORMED T WAS UNDERLYING TING CAUSE OF medical examiner) (Manth) (Day) (Year) (Haur) That (1) (this hospital) ottend last sow the deceased alive fram the couses stated above	218. PLACE OF INJURY (e.g., home, farm, factory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed from	IN CERTIFYING C. In ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	ore City, give exact locotion)
OF INJURY (APPROX.) 21. I certify that (I) (we) I and haur and	WAS PERFORMED T WAS UNDERLYING TING CAUSE OF medical examiner) (Manth) (Day) (Year) (Haur) That (1) (this hospital) ottend last sow the deceased alive fram the couses stated above	218. PLACE OF INJURY (e.g., home, farm, factory, street, detc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed from	in a about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	ore City, give exact location) 1 V 1965. In official death accurred an the company of the comp
OF INJURY (APPROX.) 21. I certify that (I) (we) I and haur and	WAS PERFORMED T WAS UNDERLYING ING CAUSE OF medical examiner) (Manih) (Day) (Year) (Haur) that (I) (this hospital) oftend last sow the deceased alive fram the couses stated above E	218. PLACE OF INJURY (e.g., home, form, factory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Work ded the deceosed from ve. (I) (We) (dld) (did nat)	IN CERTIFYING C. In ar about 21 C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ile 21F. HOW DID INJURY OCCUR? ile 31	auses of DEATH Yes ore City, give exact location) 10 1965 officion death accurred an the colored are signed 12-5-1965
OF INJURY (APPROX.) 21. I certify that (I) (we) I and haur and 23A. SIGNATUR 23C.PHYSICIAN	WAS PERFORMED T WAS UNDERLYING CAUSE OF medical examiner (Manth) (Day) (Year) (Haur) that (I) (this hospital) ottend last sow the deceased alive fram the couses stated above From the couses stated above Gey AATION, 248. DATE 22	218. PLACE OF INJURY (e.g., home, form, factory, street, of etc.) 21E. INJURY OCCURRED While At Not White At Wark ded the deceosed from	IN CERTIFYING C. In ar about 21 C. WHERE DID affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 11 2 19 4 ta 19 4 ta 19 5 and that in (my) (our) ap view the bady after death. 123D. ADDRESS 4940 Eastern Avenue, Baltim	auses of DEATH Yes ore City, give exact location) 10 1965 officion death accurred on the company 238, DATE SIGNED 12-5-1965

29 JOHN DUDA 7922 Wise Ave. Dundalk, Md. 22

VS 150-REV. 1/1/65



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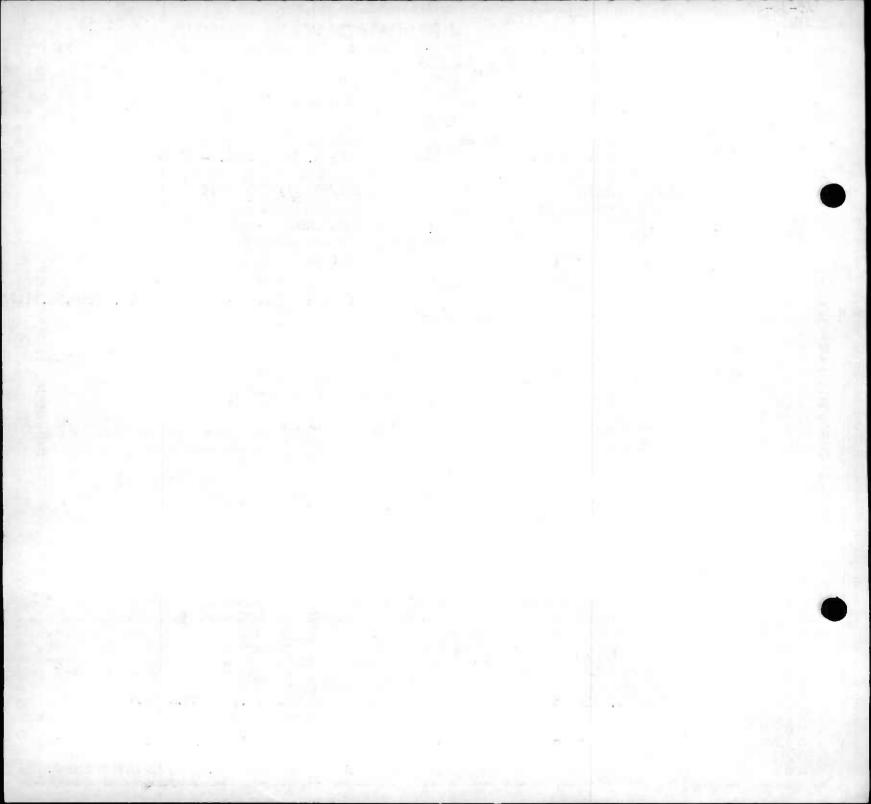
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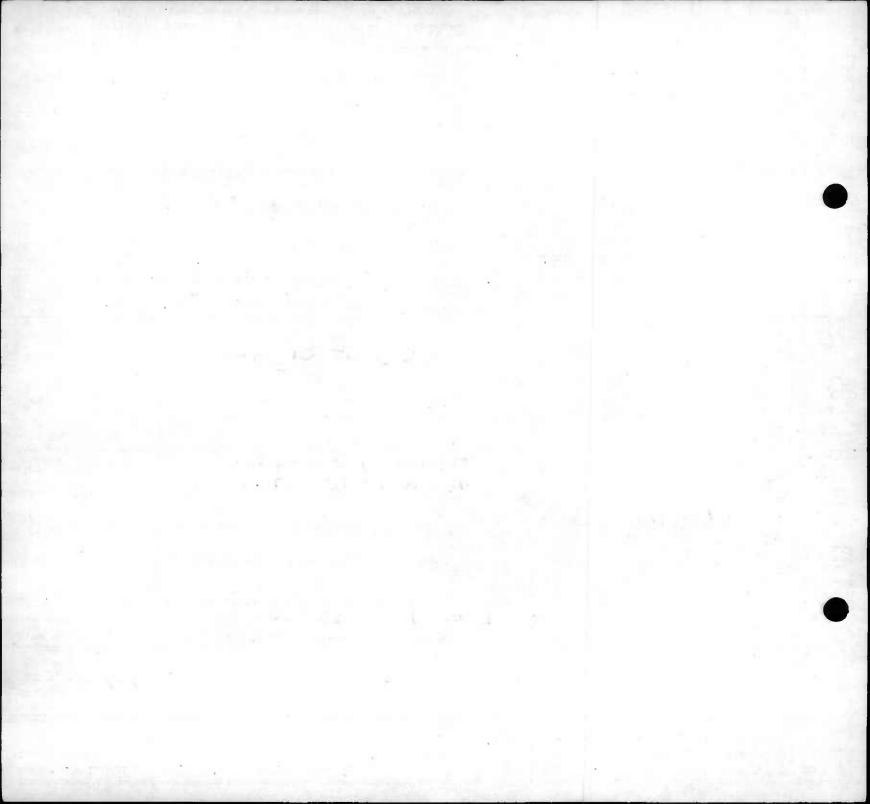
Sacred Heart Baltimore County, Maryland ADDRESS 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Lilly & Zeiler Inc. 1901 Eastern Ave. VS 150-REV. 1/1/65



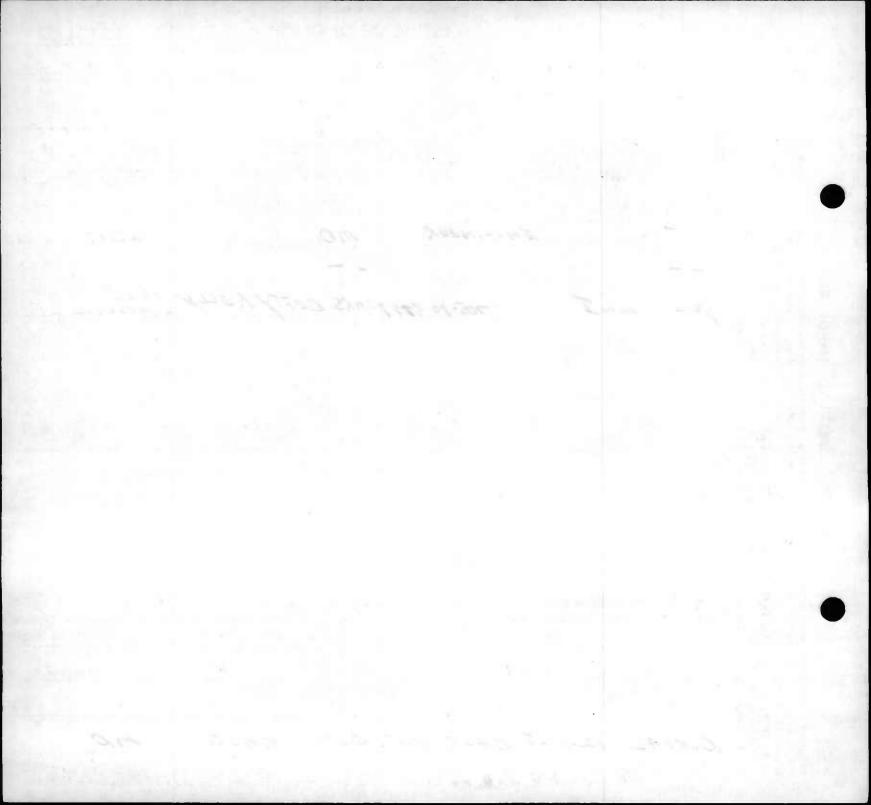
FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

	BALTIMORE CIT	Y HEALTH DEPARTMEN	T C	E 49400
BIRTH NO. 65 12480	CERTIFICA	ATE OF DEAT	H Registered No	5 12480
T. NAME OF DECEASED ROSE M.	HARTMANOWSKI		E AND HOUR OF DEAT	H 20 pm.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	3.0	4. USUAL RESIDENCE	163 6	institution: residence before admission
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)	tian, give street	C. CITY OR TOWN	If outside city limits, will	e RURAL and give tawnship)
marjand Gararal	(40 storter 1.	D. STREET ADDRESS	(If iuiol, give location)	<u> </u>
		M31 3.	Break	Na.
WID	OWED, DIVORCED (specify)	12/3/189	9. AGE (In years last birthdoy)	If Under 24 His Months days Hours Min.
10A. USUAL O CCUPATION (Give kind of work 10B, KIN dane during mast of working life, even if retired)	ID OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote of	i oreign country	12. CITIZEN OF WHAT COUNTRY?
	Home	Belle	Lw.	USA
13. FATHER'S NAME George Gawrys		14. MOTHER'S MAIDEN	NAME	
Carres & Courselles	. 9	March	Kachn	noro C.
15. Was Deceased Even in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give war at dates of ser	6. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
MC3.	217-01-575	Paul Hartma	nowski 731	S. Broadway
18./3331		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		00	. 1	ONSEL AND DEATH
LEADING TO DEATH	(A)	d of Sig	mord	25 * * a * a 2 de en en * * 0 0 6 2 4 * 0 00 2 4 * 0 00 2 4 * 0 00 00 00 00 00 00 00 00 00 00 00 00
(This does not mean the mode of dying, heart failure, asthenio, etc. It meons the dis				
injury or complication which caused death.)				
ANTECEDENT CAUSES	DUE TO	Tu T 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
DISEASES OR CONDITIONS, if ony, g				
UNDERLYING CONDITION lost.	The (C)		••••••	
ll ll	Pulmon	- N 5	2 4.5	
O THE DEATH BUT NOT RELATED TO	O THE		5:02	
DISEASE OR CONDITION CAUSING IT.	W/X0C0L		Tem,	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	NO NO	IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	TOR PLACE OF INTERVIOR	The	ID (If in Boltim	oro City, givo exact locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	2 PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	office bldg. INJURY OCCU	R?	ord crity, give exact loconom
0 000.				
OF INJURY (Month) (Doy) (Yeos) (Hous)			INJURY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (I) (this hospital) atten-	ded the deceased fram	11-26 -	19 65 to	12 - 7 19 6
that (I) (we) last saw the deceased alive	on Dec. 7	19.G.5 or	nd that in (my) (aur) a	
and hour and fram the causes stated abo	~			
23A. SIGNATURE	voi () (ii o) (ala liai)	View the budy utter de-	on:	23B, DATE SIGNED
A 00. Q		Hending Med.	Sioli	10/-/-
23C. PHYSICIAN'S	mon	23D. ADDRESS	Phys.	147/65
NAME (Type)				/ /
	M.D			
REMOVAL (Specify)	4C. NAME of CEMETERY of C	REMATORY 24	D. LOCATION	City, town, or county) (Stoto)
Burial 12-11-1965	St. Stanislaus		Baltimore, Ma	ryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
DEC 8 1965 A 0 4-9	Freille An	Lilly & Ze	iler Inc. 1	901 Eastern Ave.
VS 1SO-REV. 1/1/6S	,			



	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO. C5 49491	CERTIFICA	TE OF DEATH	Registered No.	CE 40404		
M.E. CASE NO. 1. NAME OF DECEASED	GERTINION.	•	ND HOUR OF DEATH	00 12401		
(Type or Print) George Washin	igten Ambro	se lo	2-7-6	5 /:00 AM		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	1	A. STATE B. COU		nstitution: residence before admission)		
FULL NAME OF (If not in hospital or institu HDSPITAL DR oddress or location) INSTITUTION	HDSPITAL DR oddress or location)			RURAL and give township)		
L/SINGING.	1, 1	Balamor	f rurol, give location)	9-07		
Union Memori	al Hospital		3 well 5	Y.		
	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 2-23-99	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
IDA, USUAL OCCUPATION (Give kind of work 108, KIN	D OF RUSINESS OF INDUSTRY		(a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	12. CITIZEN OF		
done during most of working lite, even if retired)		11, 010111127 02 (31010 01 101	ergii coomiy,	WHAT COUNTRY?		
Retired En	16-INEER	MO.		usit.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		1635 CARSWELL ST		
MES WWI	715-10-8717	MAS BETTY	RELLY	ACSUELL ST		
18.420:11	CAUSE OI	DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	P	/	T= 1	12 612		
(This does not meen the mode of dying,	e.g., DUF TO	Imonaty	2denia	/&		
heart foilure, asthenia, etc. It means the dis		6		• • •		
injury or complication which coused death.) ANTECEDENT CAUSES	(B) Ac	ufe Myocan	deal Inter	octor / Llus.		
DISEASES OR CONDITIONS, if ony,	DUE TO			0		
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.		Kenoselna	tre caro	Le Joseilai		
BE BE	ale	2000				
O THE RIGHIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION				20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	IIf in Baltimo	re City, give exact location)		
21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID IN	JURY OCCUR?			
IAPPROXI	While At Work Not While At Work	· Aut	2/7	4 (4)		
22. I certify that (I) (this hospital) atten	ded the deceased from	12:2012	19 65 to 11	12/7 1965		
that (1) (we) last saw the deceased olive	, ,			inian deoth occurred an the dote		
and hour and from the couses stated abo	ve. (I) (We) (did) (did not) v	iew the body ofter death	•	One DATE CIGNED		
23A. SIGNATURE	M.D. Atte	anding Med. Director	Stoff Phys.	23R DATE SIGNED		
23C. PHYSICIAN'S		23D. ADDRESS	1 11y 3.	12/20		
NAME (Type)	M.D.					
	4C. NAME of CEMETERY of CRE	MATORY 24D.	LOCATION IC	City, town, or county) (State)		
BUKI 4L 12-10-65	BALT. NAT.	CBM. 15	BLT.	mo.		
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C JUNERAL DIRECTO		ADDRESS		
DEC 8 1965 R.O. A.O.		Kanl Ela	movel 3	1368 caylord		
V\$ 150-REV. 1/1/65	CANCEL PROPERTY.	/	- 1			



	BALTIMORE CIT	Y HEALTH DEPARTMENT	V		
BIRTH NO. 65 30376 65 12	182 CERTIFICA	TE OF DEATH	Registered No	65 12482	
1. NAME OF DECEASED (Type or Print)	N	2. DATE AND	D HOUR OF DEATH	,051 M	
3. PLACE OF DEATH IN BALTIMORE, MARYLA	Wennis	4. USUAL RESIDENCE Where A. STATE B. COUNT		stitution: residence before admis	
FULL NAME OF (If not in hospital ar ins	titution, give street	Maryland	1	53000	
HOSPITAL DR address or lacotion) INSTITUTION		C. CITY OR TOWN (If outs		RURAL and give township)	
University	, Hasp,		oral, give location)	21 / 200	
1	U	328 GC	orge S	7.	
	ARRIED, NEVER MARRIED	5 Dec 65	O. AGE/(In years ast biffhday)	Months Days Hours Mi	
10A. USUAL OCCUPATION (Give kind of work 10B.)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CHIZEN OF WHAT COUNTRY?	
In Frent			ore		
13. FATHERS NAME	1	14. MOTHER'S MAIDEN NAM	R	V	
15. Was Deceased Ever in U. S. Armed Forces?	Dennis 16. SOCIAL	17. INFORMANT	a Wro	ADDRESS	
(Yes, na or unknawn) (If yes, give war ar dates af	SECURITY NO.	11 11			
18. 7 (0 . 5	CAUSE	OF DEATH	-	INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTL	Y) + +		ONSET AND DEATH	
LEADING TO DEATH (This does not mean the made of dyin	g, e.g., DUE TO	remalurily	f	day	
healt failure, asthenia, etc. It means the disease,					
injury or complication which caused death.) ANTECEDENT CAUSES (B) Possible CNS hemotrhage I day					
ANTECEDENT CAUSES	DUE TO		Z[1.\(\sim \frac{1}{2}\) \(\frac{1}{2}\) \(\frac{1}{2}\)	107	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) slati				,	
UNDERLYING CONDITION lost.					
OTHER SIGNIFICANT CONDITIONS CONTI					
DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 198. CONDITIO	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na)		FINDINGS CONSIDERED	
WAS PERFORM			IN CERTIFYING CAL	USES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)		(If in Baltimare	City, give exact lacation)	
O 21D. TIME (Month) (Day) (Year) (Ho	ur) 21 E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
OF INJURY (APPROX.)	While At Not Whi				
22. I certify that (1) (this hospital) attended the deceased from 5 Dec 19 65 to 6 Dec 19 6					
that (i) (we) lost sow the deceosed oli	11			nion death accurred on the	
and hour and from the causes stated a			(our, opin	decin accorred on the	
23A. SIGNATURE	(((((((((((((((((((The body difer death.		238, DATE SIGNED	
Donald F. Knicke	shocku M.D. Att	ending Med.	Stoff	6 Dec 65	
23C. PHYSICIAN'S	Ph.	23D. ADDRESS	Phy s.	W Out & O	
NAME (Type)	M.D.				
24A, BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	ty, town, or county) (Sta	
REMOVAL (Specify)	- Dan Den	1 Faith 12	201. 1	This	
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	2000, 60	ADDRESS ()	
DW0 0 1000 4	4-6-505	1/2 00ky &	300)	Jace Que Da	
HILL O IDEE A - 1 -					

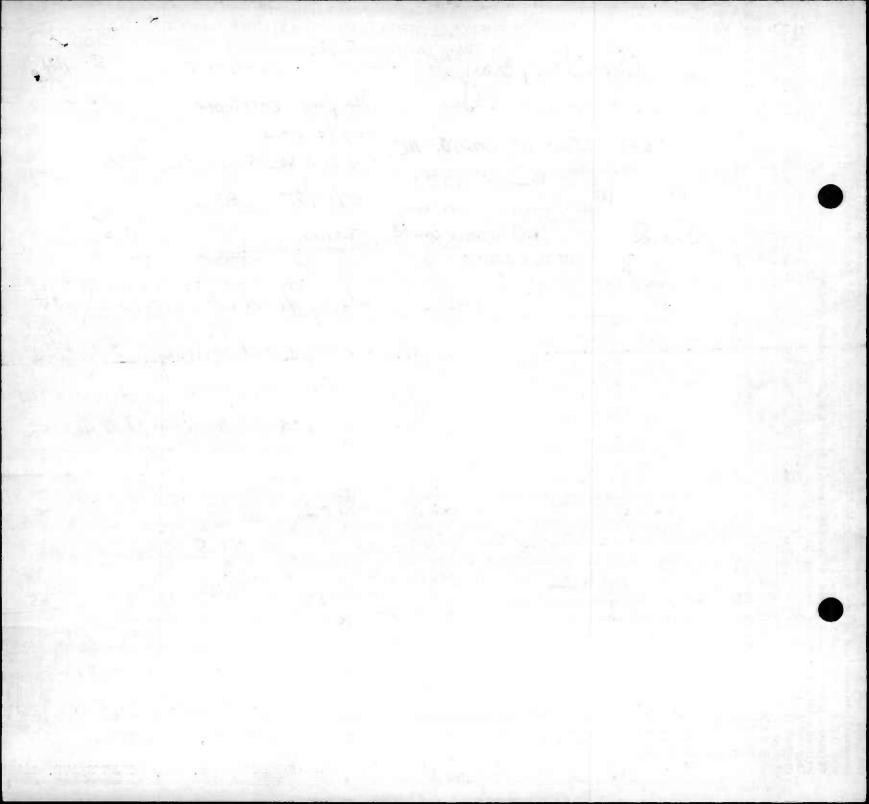
		CE 49	400	BALTIMORE CIT	Y HEALTH DEPARTMENT	1		
BIRTH NO		65 12	400	CERTIFICA	ATE OF DEATH	Registered Na	65 12483	
M.E. CA	OF DECEASE	D			2. DATE	AND HOUR OF DEAT	H	
(Type or	Print)		2	h . A=		2-65	1 12 50	
3. PLAC		DSEIDIN IN BARTIMORE MA	TI JOW	110100	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence before admis	
					A. STATE B. COL	UNTY		
	NAME OF	(If not in hospital	or institution,	give street	Maryland			
	TAL OR	oddress or locotio	n)		C. CITY OR TOWN (If	outside city (imits, write	RURAL ond give township)	
					Towson	n, Maryland	3300	
7	MFRO	-1 Hos	PITAL		D. STREET ADDRESS	(If rurol, give location)		
1	1112	/			614 Lak	e Drive		
5. SEX	6. R	ACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24	
m		11/		D, DIVORCED (specify)	Dec. 21,1900	lost birthdoy	Months Doys Hours M	
MA IISII	IAL OCCUPAT	ON Give kind of wor	Marri		Y 11. BIRTHPLACE (State or fo		12. CITIZEN OF	
		ng life, even if retired)	KIND OF	POSINESS OK INDOSIK	I II, BIKITITEACE (Store of to	oreign country/	WHAT COUNTRY?	
Att	torney		Law		Boston, Mass	sachusetts	U.SA.	
	IER'S NAME				14. MOTHER'S MAIDEN N			
	779	air Di D'	m.i.c.		Miche	elina Felico	hia	
C 14:		ncis Di Dim		11 /		TIME PETICE		
(Yes, no o	r unknown) (If	r in U.S. Armed Fo yes, give wor or dolo	rces: es of service)	SECURITY NO.	17. INFORMANT	int	ADDRESS	
	no				Mrs. Rosena I)IDIme m ico	same	
1B.	116 9	3 N. 17	ANV	CAUSE	OF DEATH		INTERVAL BETWEEN	
-	DISEASE	R CONDITION DI	DECTIV				ONSET AND DEATH	
		DING TO DEATH	KECILT	B	aliana.		da	
(This		neon the mode of	dvina. e.a	DUE TO	en peansons			
		enia, etc. Il means		1	,			
injui		ation which caused		- Les	sticemia 15	- Celil	de	
	ANT	ECEDENT CAUSES		DUE TO				
		CONDITIONS, if						
		bove cause (A) ONDITION last.	staling the	(C)		0 40 4 == == 0 == = = = = = = = = = = =		
		41						
Z OTH	ER SIGNIFICA	II INT CONDITIONS (ONTRIBUTING	G	Walashi as	remen	244	
E TO	THE DEAT	H BUT NOT RELA	ATED TO TH		Miles V	(117-)	+ years	
		EDITION CAUSING		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20R IE VES WED	E SINDINGS CONSIDERED	
哥	14 5 16	WAS PER		WINCH OFERATION	2011 101 0131: 1103 01	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?	
S 21 A	CCIDENS V	VAS UNDERLYING	1220	NI ACT OF INITION	in or about 21 C. WHERE DID	/// D. D.		
OR C	CONTRIBUTING	G CAUSE OF	hom	e, form, foctory, street,	office bldg., INJURY OCCUR?	ut in politim	ore City, give exact location)	
A DEA	TH (notify med	licol exominer)	etc.					
		onth) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
Z OF I	PROX.)			ile At Not Wh	ile			
12.1	TO STATE		Wo	rk L At Work				
				he deceased from	11-9-65	19ta/2		
that	(1) (we) los	t saw the decease	ed alive an	12-2-65	19and	that in (my) (aur) a	pinion death accurred an the	
					view the body after death			
	SIGNATURE	The couses sto		/ (e/ (did) (did nat)	view the body diter death	10	23B. DATE SIGNED	
237.	nA	7. 1 -	20 %	M.D. At	tending Med.	Stoff [40	
	CIC	erdank	/h.D.		ys. Director	Phys.	12-2-65-	
23C.	PHYSICIAM'S NAME (Type)	1			23D. ADDRESS			
	0	1 0.11	2414	M.D.	- man	10 -). 1	
24A, 8156	RIAL CREMAT	T. CENOF	TNO-	AME of CEMETERY of CR	REMATORY 1245	OCATION (City, lown, or county) (SI	
REA	MOVAL (Speci	fy)						
D11				Les Hadaaman (omerery R	altimore, Ma	DIBIATE	
Du	rial	12-6-1	965 H	oly Redeemer	demetery	,	,	
	rial TE REC'D BY			OF REGISTRAR				
25A. DA	TE REC'D BY				Win Funesal Disco	oks Towson	1050 Yorkid.	
25A. DA						oks Towson		

La stoppet M. recom media alegii anatoyiiv hard pleasure popular 18 cas a comp Grade ment Constance, N.D. 12-2-65

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

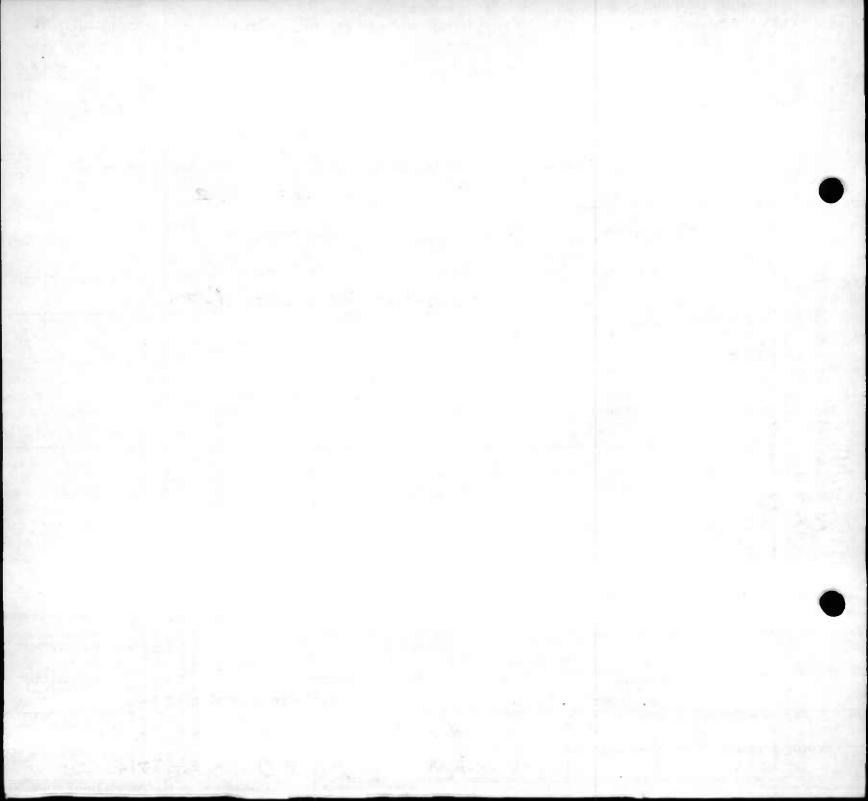
05 4040	BALTIMORE CITY	HEALTH DEPARTMENT	~ /				
BIRTH NO. M.E. CASE NO. 65 12484	CERTIFICA	TE OF DEATH	Registered No.	65 12484			
1. NAME OF DECEASED (Type or Print) MOORE, BRADLEY	М.	12 6	65 1 05	AM I			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND ST AGNES HOSPITAL FULL NAME OF (If not in hospital or instituti oddress or location) (INSTITUTION)	on, give street	c. CITY OR TOWN (IF OR	HO M	nstitution; residence before odmission) ARD RURAL ond give township)			
5. SEX 6. RACE 7, MARR	WED DIVORCED (specify)	8. DATE OF BIRTH 7 11 97	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,			
done Oking most of working life, even if relired	Tocket Dairy	11. BIRTHPLACE (Stote of fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
HARRY MOORE	1	BEVARD	atherin	e			
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service NO	16. SOCIAL SECURITY NO. 220016136	17. INFORMANT WIFE 81	TE 3. MT A	ADDRESS			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, the oil loiluie, osthenia, etc. It means the disecting of complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give ise to the obove cause (A) stoling UNDERLYING CONDITION lost.	(B) Nite	yo Carlil, tric Schini	Enjant , dielel ulcer	INTERVAL BETWEEN ONSET AND DEATH SYPS Johnson			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Soch	- Premin					
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR PERFORMED WAS PERFORMED	gartie when	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	2(A PLACE OF INJURY le.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Ba)timo	re City, give exact location)			
	21E, INJURY OCCURRED While At Not While At Work	2/					
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive of an analysis on the course stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME, (Type) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onDECEMBER 6. (I) (We) (did) (did not) v M.D. Atte	iew the body ofter deoth. miding Med. birector Director ST AGNES	Stoff Phys. P	inion deoth occurred on the dote 238. DATE SIGNED 12-6-65 HAL BALTO, City, town, or county) (Stote)			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAA DEC 8 1965 P. C. S. 150-REV. 1/1/65	DEC 8 1965 Robert E. Farkerine Sulta H. Halght Chykunlle, Md.						

- 1	BALTIMORE CITY	HEALTH DEPARTMENT						
1	M.F. CASE NO.	TE OF DEATH Registered No. 65 12485						
	1. NAME OF DECEASED 1 C/G/ U. CAG	HARLTON SR. 12-4-65 BPU M.						
1	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admitted) A. STATE B. COUNTY						
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION	C. CITY DR TOWN (If outside city limits, write RURAL and give township)						
	SINAI HOSP OF BALTO, INC.	D. STREET ADDRESS (If rural, give location)						
		2312 Herliner Sto # 30						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.						
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUNTRY?						
	Suara Fed reserve bank	Tenn. USA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	TULL CHARLTON	ELIZABETH DOBBINS						
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) (If yes, give war ar dates af service) SECURITY NO.	17. INFORMANT Mrs. Dorothy M. Charltofpor 312 Hacki						
	NO 217-03-6929	Shorry M Valen 5356 Carria o Ct						
	18. / G.Z. / I CAUSE OI	F DEATH INTERVAL BETWEEN ONSET AND DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a don de la						
	(This does not meon the mode of dying, e.g., DUE TO	worting an officiency 2 weeks						
	heort failure, osthenio, etc. It means the disease, injury or complication which coused death.)	1811.0						
	ANTECEDENT CAUSES (B) Trac	heat obstruction I minutes						
	DISEASES OR CONDITIONS, if ony, giving	charenic adenocaremona 2's years						
	rise to the above couse (A) stoling the (C) Drown UNDERLYING CONDITION lost,	meente danocatemona 1/2 years						
	II							
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
	d DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED WOLL	IN CERTIFYING CAUSES OF DEATH?						
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	ar oboth 21C. WHERE DID (If in Baltimore City, give exoct lacation)						
	OR CONTRIBUTING CAUSE OF hame, larm, foctory, street, of DEATH (notify medical examiner)	NO VOU						
	21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY While AI	21F. HOW DID INJURY OCCUR?						
	(APPROX) MANO Work Work	tone						
	22. I certify that (1) (this hospita)) attended the deceased from	1-20-65 19 10 12-4- 1965.						
	that (1) (we) last saw the deceased alive an 12-4-65 18 8 PM and that in (my) (aur) apinian death accurred an the date							
	and hour and from the causes stated abaye. (1) (We) (did) (did nat) view the body after death.							
	23A. SIGNATURE	23B. DATE SIGNED						
	Sperr M. Stalen M.D. Atte	s. Director Phys. D						
	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
		5356 Carriage Ct. Balto, 29, Md.						
	24A. BURIAL CREMATION, PARK CEME BURIAL (Specify) 12/8/65 LOUDON PARK CEME							
		· · · · · · · · · · · · · · · · · · ·						
	2SA, DATE REC'D BY HEALTH DEPT. 2SB, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS HIPPADD FINEDAT HOME 4107 LITTUENS AVE 212						
	DEC 8 1965 P.O. EL & FOR MA	HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 212						
	VS 150-REV. 1/1/65							



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	BALTIMORE CIT	Y HEALTH DEPARTMENT						
BIRTH NO. M.E. CASE NO.	12486 CERTIFICA	ATE OF DEATH Registered No	65 12486					
1. NAME OF DECEASED	4	2. DATE AND HOUR OF DEATH	1 0					
3. PLACE OF DEATH IN BALTIMORE, A	ARTHAND HayniE	4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)					
FULL NAME OF (If not in hospit	tol or institution, give street	A. STATE B. COUNTY	111					
HOSPITAL OR oddress or loco		C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)					
1/3		D. STREET ADDRESS (If rurol, give location)	5 A. 70					
The Halling	ANG /Engral Has	D. STREET ADDRESS (If rurol, give focotion)						
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.					
	WIDOWED, DIVORCED (specify)	11-28-03 lost birthdoy)	Manins Days Hours Willi.					
10A. USUAL OCCUPATION (Give kind of widone during most of working life, even if retired	ork 10B. KIND OF BUSINESS OR INDUSTR'	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
done during most of working life, even if retired HUSEWIFE 13. FATHER'S NAME James 15. Was Described From in II. S Armed	None	BaltimorE, Md.						
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME						
15. Wos Deceased Ever in U. S. Armed	Forces? 16. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no or unknown) (If yes, give wor or d	otes of service SECURITY NO. 216-09-248	ic A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
18. 4 0 0 1		OF DEATH	INTERVAL BETWEEN					
DISEASE OF CONDITION	/ /	to and est.	ONSET AND DEATH					
E LEADING TO DEAT	(This does not mean the mode of dying, e.g., DUE TO A							
heart failure, asthenia, etc. It mea	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
F	ANTECEDENT CAUSES (B) Emphyseum							
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the obave cause (A) staling the (C)UNDERLYING CONDITION last.							
UNDERLYING CONDITION Iosi. UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RI								
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Congestive Mais gaeline							
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
0 2	10.							
DEATH (notify medical examiner)	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	ony, give exect toconom					
D 21D. TIME (Month) (Doy) (Yes	or) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.)	While At Not Wh							
22. I certify that Fithis hospi	22. I certify that #F(this hospital) attended the deceased fram. \(\begin{align*} align*							
that (we) last saw the decea	that (we) last saw the deceased alive an 12-6 19 65 and that in (aur) apinion death accurred an the dote							
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.							
E Mohay Si	3A. SIGNATURE 23B. DATE SIGNED Attending Med. Stoff							
23C. PHYSICIAN'S NAME (Type) Dr. Robert R. 24A. BURIAL CREMATION, 24B. DATE	23C. PHYSICIAN'S [23D. ADDRESS]							
NAME (Type)	NAME (Type) — Dr. Robert R. Holthaus M. South Baltimore General Hospital							
	IA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)							
BURIAL 12/91	165 GLENHAUEN ME	EM. PARK GEN BURN	NE, MD.					
BURIAL 25A. DATE REC'D BY HEALTH DEPT. DEC 8 1965	25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
DEO 0 1999 (18	Con to E. Stanley MAI ()	LOAN T. LENNYING	715LIGHT ST					

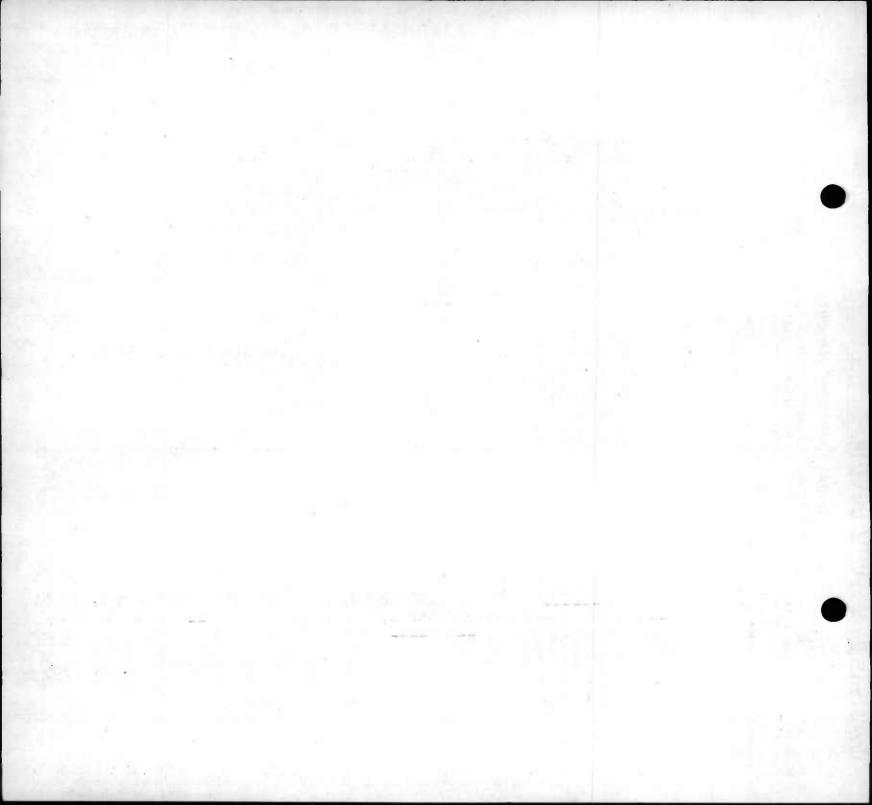


IMPORTANT FUNERAL DIRECTOR:

M.E. CA	O. SE NO. FOR DECEASED	CERTITICA	TE OF DEATH	Registered No	OF JUNE OF
(Type or		egelow		6, 1965	11 A M
FULL	E OF DEATH IN BALTIMORE, MA NAME OF (If not in hospital oddress at location ruttion)	or institution, give sheet	4. USUAL RESIDENCE (When A. STATE B. COUN Maryland C. CITY OR TOWN (If our	TY	institution: residence before odmission) RURAL ond give township)
0	Ardleigh Nu 2095 Roak F	ursing Home Rose Avenue Balto.	Timonium D. STREET ADDRESS (IF 113 Northwood)	rurol, give locotion) Drive	53-00
5. SEX	male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	B. DATE OF BIRTH Jan. 28, 1871	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done dur	IAL OCCUPATION (Give kind of working most of working life, even if setired) CEMAKET	108, KIND OF BUSINESS OR INDUSTRY	Ludenscheid,		12. CITIZEN OF WHAT COUNTRY?
3. FATI	Frederick A	. Schmale	Carolina P		
5. Wos Yes, no No	Deceased Ever in U. S. Armed For prunknown) (If yes, give wor or date	cos? is of service) 16. SOCIAL SECURITY NO. 218-52-1132	17. INFORMANT Emil O. Rabel	(Son) S	Address
DIS	al foilure, asthenio, etc. It means try or complication which caused ANTECEDENT CAUSES EASES OR CONDITIONS, if to the obove cause (A) DERLYING CONDITION lost.	death.) (B) DUE TO any, giving	eriosclerotic cular dis		
AL CERTIFICATION 180 STORY OF	HER SIGNIFICANT CONDITIONS CONTHE DEATH BUT NOT RELA LEASE OR CONDITION CAUSING I DATE OF OPERATION 198. CON WAS PERI ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF CITH (notify medical examiner)	ATED TO THE T. IDITION FOR WHICH OPERATION FORMED	No	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? Fore City, give exact locotion)
V OF	TIME (Month) (Day) (Year) INJURY PROX.)	While At Not Whi Work At Work			
ond 23A	haur ond from the causes star SIGNATURE	od alive an December 1, sted above. (I) (We) (did) (did not) Laglor M.D. At Ph	19 65 and the view the bady after death. tending Med. Director	Stoff Phys.	pinion death accurred an the date
			Joe of colmoni	IO WAGIING	

BALTIMORE CITY HEALTH DEPARTMENT

65 12487



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). IMPORTANT FUNERAL DIRECTOR:

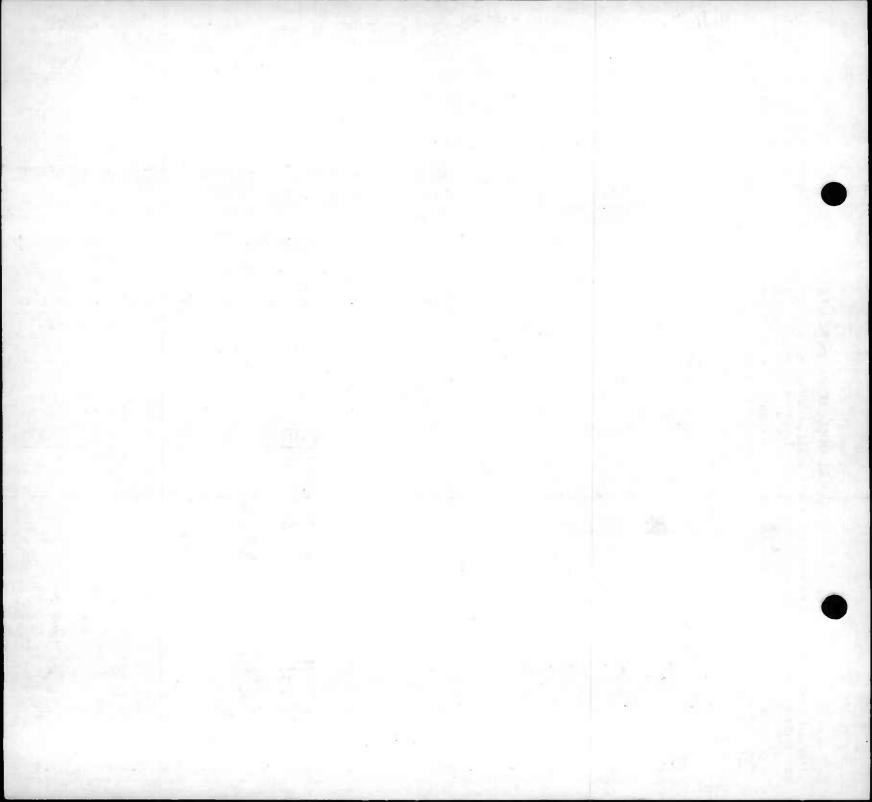
тур	Pe or Print)		FAITH FORD	Dec. 6, 1965	1/2 1.
3. P	PLACE OF DEAT	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	f institution; residence before admis
-	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital address or location	ar institution, give street a)	Maryland C. CITY OR TOWN (If autside city limits, wi	ite RURAL ond give township)
20	5	Residence	: 2324 N. Charles	D. STREET ADDRESS (If rurol, give location) 2324 N. Charles St.	
5. S	emale	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Never Married	B. DATE OF BIRTH 9. AGE (In years last birthday) Sept. 1, 1883 82	If Under 1 Yr. If Under 24 Manths: Days Haurs M
10A.	USUAL OCCU			RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retail FATHERS NAM	Sales		tore Prob. Baltimore 14. MOTHERS MAIDEN NAME	
15. \	Was Deceased	Ever in U. S. Armed Far		Laura J. Darling 17. INFORMANT: Atty.	ADDRESS
	No	(If yes, give was or date	s of service) SECURITY NO. 215-07-2613		lity Bldg., Balt
	hearl failure, a injury ar camp	EADING TO DEATH of mean the mode of esthenia, etc. It means dication which caused NTECEDENT CAUSES	the disease, death,)	Cornay occlusion	74
NOI	heart failure, cinjury at camp A DISEASES OF rise to the UNDERLYING	ol mean the mode of asthenia, etc. It means blication which caused NTECEDENT CAUSES R CONDITIONS, if above cause (A) CONDITION last.	the disease, death.) (B) (B) (C) ONTRIBUTING	Cornay occlusion Lewordersis	
ICATION	heart failure, a injury at camp A DISEASES Of rise to the UNDERLYING OTHER SIGNIFT TO THE DE	ol mean the mode of asthenia, etc. It means blication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.) any, giving staling the (C) ONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION	Corray Occurring Live Courtes [20A. AUTOPSY? (Yes at Not)] 20B. IF YES, WE	RE FINDINGS CONSIDERED
ERTIFIC	heart failure, a injury at comp A DISEASES OF THE COMPANY AND COM	ol mean the mode of isthenia, etc. It means blication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last. ILLICANT CONDITIONS CATH BUT NOT RELATION CAUSING 1 OPERATION 198. CON WAS PERI	the disease, death.) any, giving staling the (C) ONTRIBUTING TED TO THE T. DITION FOR WHICH OPERATION FORMED	IN CERTIFYING	CAUSES OF DEATH?
CAL CERTIFIC	DISEASES OF THE PROPERTY OF TH	ol mean the mode of asthenia, etc. It means blication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.) any, giving staling the (C) ONTRIBUTING (TED TO THE T. DITION FOR WHICH OPERATION FORMED	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH? mare City, give exact location)
MEDICAL CERTIFIC	DISEASES OF THE PROPERTY OF TH	ol mean the mode of asthenia, etc. It means blication which caused NTECEDENT CAUSES R CONDITIONS, if abave cause (A) CONDITION last.	the disease, death.) (B) ONTRIBUTING STATE ONTRIBUTING STATE ST	., in ar about 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	CAUSES OF DEATH?

DEC 8 1965 Rest & Green Mount

25A. DATE REC'D BY HEALTH DEPT.

DEC 8 1965 Rest & Factorial

DEC 8 1965 Rest & Factorial Maryland ADDRESS Cemetery Baltimore,
25C. FUNERAL DIRECTOR
Stewart & Lowen Co., 108 W. North Av., City -VS 150-REV. 1/1/65

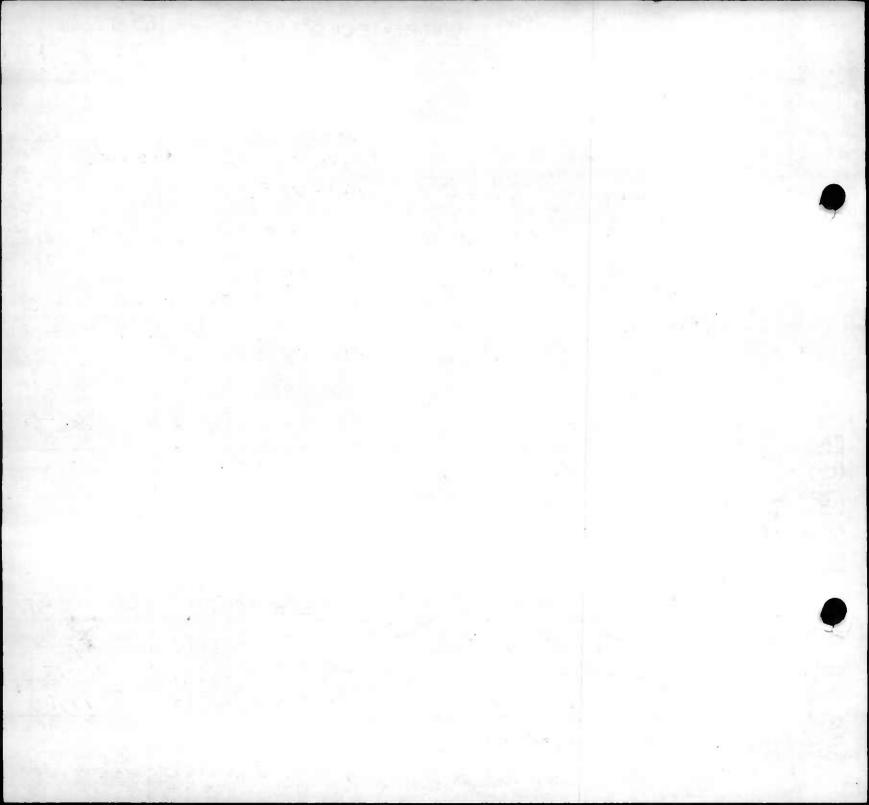


of death Deceased

eath.

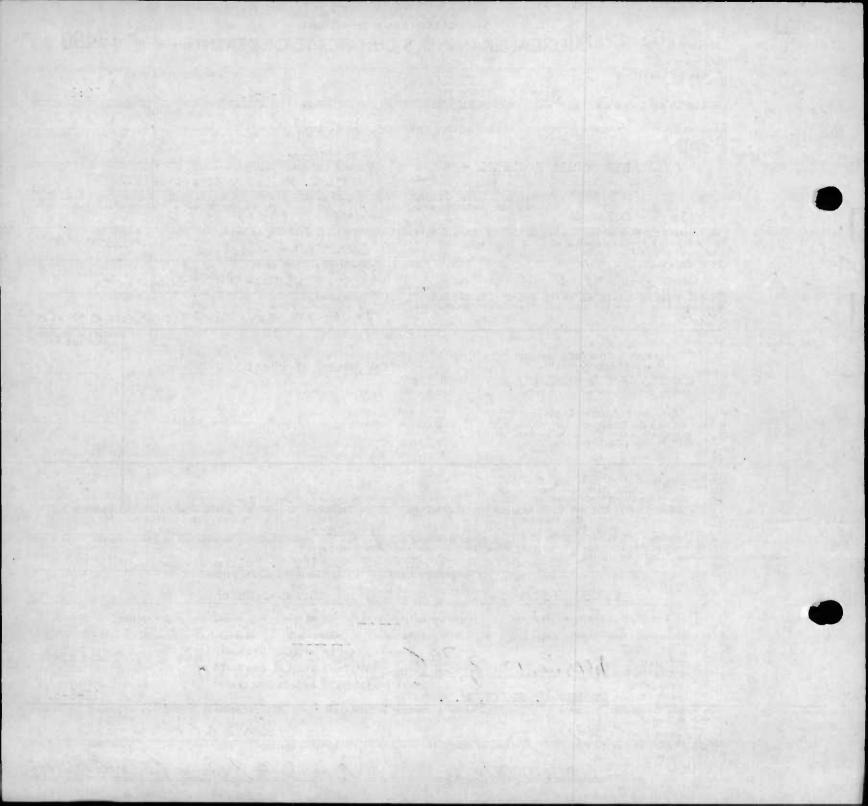
ance (2) or contributing cause Ö attend (4) Undetermined cause; 9 prior occurred regular mad deceased isposition = SD the ō 3 assistant death 6 final 00 9 any pronounced 0 attend his balmed of examiner 10 em e regul who are 4 physician remains chief medical MOS burns; physician Body the 0 3 where was released to the hospital ŝ any nature; obtained 9 (except and 10 eath) hospitai must accident O 2 approval 0 prior to An D.O.4 shows: (1) eceased the body decease Was

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 65 12489 65 12489 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) MOORE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND A. STATE m FULL NAME OF (If not in hospital or institution, give street HOSPITAL DR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION SALTO (If rural, give location) WINDSOR WINDSOR If Under 24 Hrs. 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. 5. SEX WIDQWED, DIVORCED (specify) a lost birthday Co/0250 widow 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 17 V W IR. MER MANUE 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) WINDSOR GUT 215-05-4308 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram 19. and that in (my) (our) aplaian death accurred on the date that (1) (we) last saw the deceased alive on. and have and from the causes stated above. (1) (12) (did) (did not) view the bady after death. 23A, SIGNATURE 23B DATE SIGNED Attending 7 Med. Stoff M.D. Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION. REMOVAL (Specify) BRLTE NATIONAL 125C. FUNERAL DIRECTOR LINGS C38NCILM " T 25B. NAME OF REGISTRAR



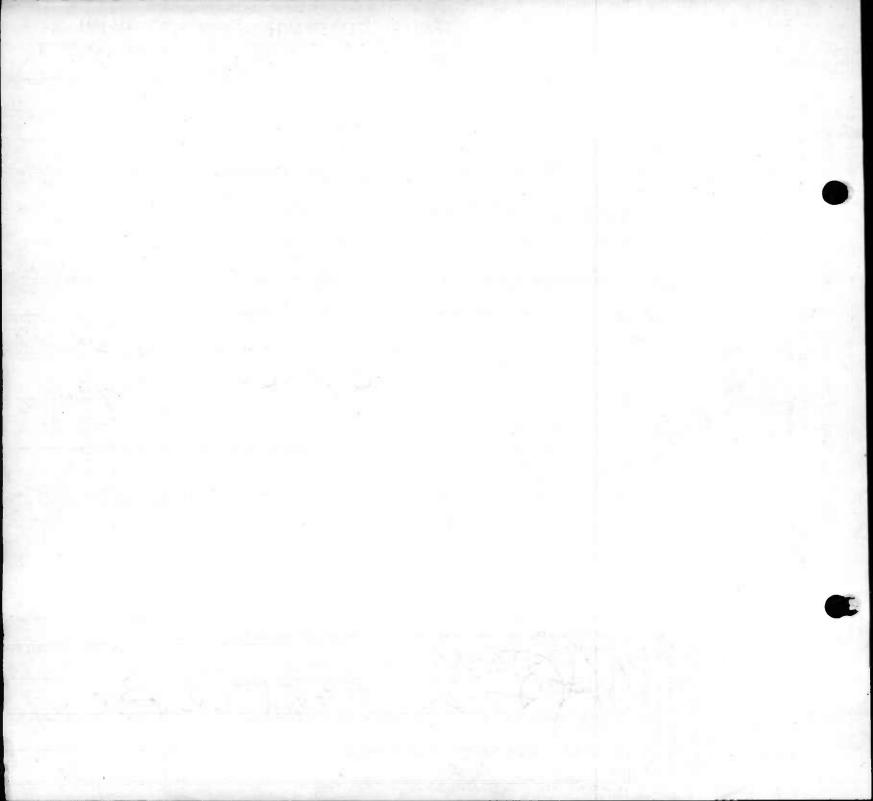
	BALTIMORE CITY HE	ALTH DEPARTMENT				Pour No.	111	0 00 -	
'AT	EY A MINIED'S	CEDTIEIC ATE	OF	DEATH	Paristand	N	166	139	Ì

BIRTH NO. 124 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES RUBIN	12-6-65 12:10 M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore 1000
FRANKLIN SQUARE HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give location)
	1216 W. Mulberry Street 21223
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors 1f Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
Male Colored Wild Male	SUNG 1941 824
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if relired) LABORITH. GEN CONTRACTOR	CHESTERFIELD S.C. WHAT COUNTRY?
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VAMES HUBIN	ANNIE BELL MC QUEEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	MASER Holmes 2127 W. MULBERRY
WO	Those Kithers are Justices and
1B. 2982 X	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONUSE AND DEATH
LEADING TO DEATH	ab wound of chest
(This does not meon the mode of dying, e.g., DUE TO	
injury or complication which coused death.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	Yes Yes
UNDERLYING OR CONTRIB- home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltimore City, give exoct locotion) office bldg., INJURY OCCUR?
UTING CAUSE OF DEATH. Tavern	129 N. Fulton Avenue
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 12 5 65 ? WHILE AT NOT AT WORK	WHILE X Stabbed in chest
12 5 05 : m. WORK AT W	ORK X Stabbed III CHEST
1 certify that I held on Inquiry Inspection Au	topsy X ond that on this bosis, death in my opinion
resulted from: Notural couses Accident Suicid	e Homicide X Undetermined monner
. 0-1	CHIEF MEDICAL EXAMINER
ACTUAL Alban N- 20-	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER
EXAMINER'S NAME (Type) WERNER U. SPITZ, M.D.	12-6-65
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	
REMOVAL (Specify)	PHERRIAL S.C
DATE BECID BY WEALTH DEBY	2/C FUNDAL DIRECTOR
24A DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
DEC 8 1965 P. O. A. O. T. O. E. O. O.	1 Mais Del PAnya 638NGILMOR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased and the deceased a FUNERAL DIRECTOR: IMPORTANT

05 40404	BALTIMORE CITY	HEALTH DEPARTMENT		
ыяти но. 65 12491	CERTIFICA	TE OF DEATH	Registered No.	65 12491
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Harry (E)	Burr	2. DATE A	5 65	8721
FULL NAME OF HOSPITAL OR oddress or locotion	-	Marylan	d	RURAL and give township)
Institution Runsing Hom 27 M Carey St Balton	2 10-122		rurol, give location)	but
2711 Carly St Ballon	ne 2/2 to mo	1-112 0-1-	ne	
Mana Willow	ED, NEVER MARRIED WED, DIVORCED (specify)	2/21/80	9. AGE (In years lost birthday)	Months Doys Hours Min
10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lore	eign country!	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 790	17. INFORMANT	Rups	ADDRESS
18. 450.0 1	CAUSE O	F DEATH	1200	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Y	neumo	nia	106949
(This does not meon the mode of dying, e. heart failure, as the nia, etc. It meons the diseo injury or complication which caused death.) ANTECEDENT CAUSES	.g., DUE TO	rteriosch	rosis	few you
DISEASES OR CONDITIONS, if any, givinise to the obove couse (A) stating the UNDERLYING CONDITION lost.	ing			
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exoct locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (I) (this hospital) attende		3/29	10 10	7-5
ond hour and from the couses stated above	/			plnion deoth occurred on the
23A. SIGNATURE	WHOM M.D. Att.	ending Med.	Phys	238, DATE SIGNED
NAME (Type)	MUSUS 1 M.D.	403/16	alest	159
By 14 / 12-10-65- 1	nt Auburn	Rem. B	altimo	
	AE OF REGISTRAR	25C. FUNERAL DIRECTO	Elan 1348	N. Callyn St.
VS 150-REV. 1/1/65	,			



VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		65 49409
ыкти но. 65 12492	CERTIFICA	TE OF DEATH	Registered No	65 12492
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) SADIE G.	EBHARDT	12.6	-65 M	E I III DODA
3. PLACE OF DEATH IN BALTIMORE, MARY		4. USUAL RESIDENCE (When	e deceased lived. If ins	11:08 P.M. titution: residence before admission)
		1 1		9-01
FULL NAME OF (If not in hospital or HOSPITAL OR oddress or location)	institution, give street	C. CITY OR TOWN (If out	SA.	
INSTITUTION OHURCH H	FONE + HOSP.	BALTIMO		ORAL ond give township)
BALTIMORE		D. STREET ADDRESS (If	rural rive location)	
DALTIMURO	, 174.	1530 GOB		ADE
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED			
5. SEX 6. RACE 7.	WIDOWED, DIVORCED (specify)		9. AGE (In years lost birthday)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF
done during most of working life, even if retired)		MN		WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	USA
JAMES KEARN	169	ELSIE S	MITH	
15. Was Deceased Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2/2/
yes, give not of doles		Phont I Ho	urneu 12	14 Hames JA
118.	CAHSE C	Robert S. Kea	1111-4/2	INTERVAL BETWEEN
000,1	CAUTE C	OLAIII		ONSET AND DEATH
DISEASE OR CONDITION DIREC	CTLY	TATIN 1	E IMALA-11	
(This does not mean the made of d	ving. e.g., DUF TO	14/47	SHINH ! IC	<i>u</i> 5
heart failure, asthenia, etc. It means th	ne disease,	TATUS ASIMINATIONIC BRO	+TIC/	
injury or camplication which caused d	ealh.)	PRONIC BAR	NO HIFTS	
ANTECEDENT CAUSES	DUE TO	TOUR A POOR	77 (77 / 11 /	
DISEASES OR CONDITIONS, if an				
rise to the above cause (A) s UNDERLYING CONDITION tast.	Ialing The (C)			
11				
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELATE	ED TO THE			
DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE F	INDINGS CONSIDERED
E 2 Nune WAS PERFO		455	IN CERTIFYING CAU	ISES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B, PLACE OF INJURY (e.g.,		(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, loctory, street, o	ffice bldg., INJURY OCCUR?		ony, give exact tocolony
	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
₩ OF INJURY (APPROX.)	While At Not Whi			
	Work At Work			-
22. I certify that (I) (this hospital)		12-4-65	1910	2 - 4 196T
that (I) (we) lost sow the deceased	olive on 12-4	19 65 ond the	ot in(my) (our) opin	ion deoth occurred on the dote
and hour and from the causes stated	d obove. (1) (We) (did) (did not)	view the body after death.		
23A. SIGNATURE		,		23B. DATE SIGNED
1112 1/2 1/1		ending Med.	Stoff,	12-1-1
The physicians	Phy		Phy s.	(V/5/6)
AME (Type)		23D. ADDRESS		1 1 1
MARIANO A.	16/ENTINO M.D.	Church Hoi	me Hospita	1 Balto Md.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. Le	OCATION (Cit	y, town, or county) (Stote)
REMOVAL (Specily)	1 describe 12	- ataxii	11.	1+
25A. DATE REC'D BY HEALTH, DEPLATE I	LOTTAINE CEI	nelery West	1/4Wn-Ba	Stimore Md
DEC 8 1965 (The of the second of the	1011	3/ /·	27121111
		1 3000 101 (10)	Jon Mins	1112 KIRHHVC.

The Good Survey Live 45.65 3.87 E LAMES KERRUSY STATES ASSESSED STATES 73 8 51 How to Their WARRING A TOLETITINU

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

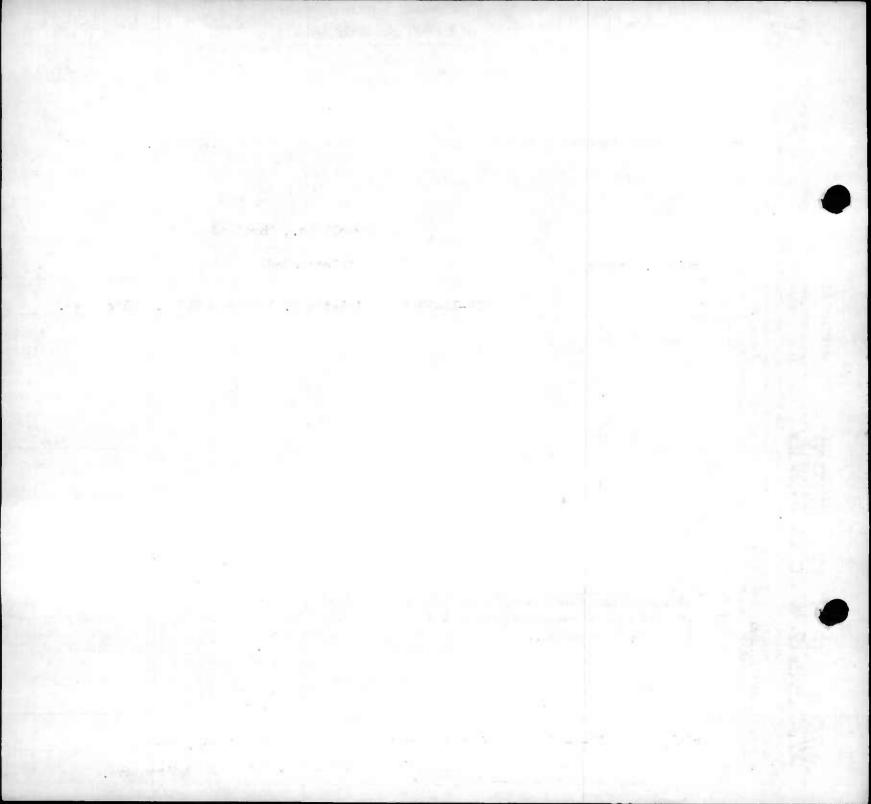
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRT	н но. 65 12493	CERTIFICA	TE OF DEATH	Registered No:	49492
M.E.	CASE NO			100	12400
	AME OF DECEASED Elizabe	1 1 0	E. Hoy) 2. OATE AND	PM 12-6	-65 m.
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission)
	ULL NAME OF (If not in hospital or institut OSPITAL OR oddress or location)	ion, give street	NEW YORK C. CITY OR TOWN (If outside		V-29
1	NOITUTION		CORTLAND	je city ilmits, while koka	at one give township)
*	M. Hand 11	santa 0		rol, give location)	
	Johns Hopking 14	-0 1/2 Cax	1181 STARR		D # 3
5. S	6. RACE 7. MARI	RIED, NEVER MARRIED		AGE (In years If Me	Under 1 Yr. If Under 24 Hrs. onths Days Hours Min.
	TEMPLE White	MArrigh	4-1-24	41	
	USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreign	country) 1:	2. CITIZEN OF WHAT COUNTRY?
	during most of working lile, even it retired) Housewife		Millersburg,		U. S. A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	i .	
	ROY HEINBAUGH	0	DORA E. H	HOY	
15. V	Vas Oeceased Ever in U. S. Armed Forces? ,no ar unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SETTINITY NO.	17. INFORMANT	101	ADDRESS
(res	no or unknown/lit yes, give wor or dores or serv	SE DRITT NO.	Mr. Carl M. Hoy	1181 Starr	Road Cortland
	18. 4/10 X	CAUSE OF	DEATH		INTERVAL BETWEEN N.
	DISEASE OR CONDITION DIRECTLY	E /8/5	-t 1 -	C 1.	
	LEADING TO DEATH	APP (8) Olica Ale	umatre hes	en diala	es se you
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., OUE TO			***************************************
	injury ar camplication which caused death.)	5 3:			
	ANTECEDENT CAUSES	CA SUB TO			***************************************
	DISEASES OR CONDITIONS, if any, gi	vina			
	rise to the above cause (A) stating			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	UNDERLYING CONDITION last.	1 5cm			
z	11	This			
ATIO	TO THE DEATH BUT NOT RELATED TO				
	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIND	DINGS CONSIDERED
ERTIF	312-6-65 WAS PERFORMED	OR WHICH OPERATION	i yes	IN CERTIFYING CAUSES	S OF DEATH?
U	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE: DID	(II in Baltimare Ci	ly, give exact location)
⋖	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	home, lorm, factory, street, of	nce blag., INJURI OCCUR:		
DIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUP?	
	OF INJURY	While At Not While		.,	
	IAPPROX)	Work At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased from	1-25 19	65 to 12	-6 1965,
	that (I) (we) last sow the deceased alive	on 12-6-65	19	in(my) (our) opinion	deoth occurred on the date
	and hour and from the causes stated above	e. (1) (We) (did) (did not) v			
	23A. SIGNATURE	or to the fall tall holy t	iew the body offer deoms	123	8, DATE SIGNED
М	Est would ()	and M.D. Atte		off of	12-6-65
	CACCO !	Phys	Director Ph	hys.	(2-6 0)
	23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS		
	EDWILLOW 114	RLOV M.D.	THE JOHNS H	HOPKINS HOS	SPITAL
24A	BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	CATION ICity, 1	awn, or county) (State)
R	emoval 12/8/65	Rural Cemetery	Cor	tland, N. Y.	
		ME OF REGISTRAN	25C. FUNERAL DIRECTOR	1	AODRESS
	DEC 8 1965 00 4 0	E P	Mallion 1	Tillere Id.	no noton ano
VS 1	50-REV. 1/1/65	A LANGER	y recountry 1	- DOTORECT - VO	1110000
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M.E. CASE NO.	5 12494	C	ERTIFICA	TE OF DEAT	'H Registere	d No	12434
Type or Prigt		Romain	0	4. USUAL RESIDENCE	TE AND HOUR OF I	DEATH Cod. If institution; resi	J. 55 A.
FULL NAME OF HOSPITAL OR INSTITUTION	tf not in hospital a oddress or location	or institution, give street)		C. CITY OR TOWN			jive (wnship)
	HERAN HO		FUD	BALTIA D. STREET ADDRESS 812 N F	(If rurol, give located the CTON :		
5. SEX	6. RACE NEGRO PATION (Give kind of work	7. MARRIED, NEVER A	CED (specify)	B. DATE OF BIRTH	9. AGE (In yeo	rs If Under 1 Months D	Yr. If Under 24 H oys Hours Min.
EUPLOYE!	E LUTH HO			Carroll Co.	Maryland	12. CITIZE	COUNTRY?
Louis E.				Violetta I			
15. Wos Deceased (Yes, no or unknown)	Ever in U. S. Armed Forc (If yes, give wor or dates	s of service) SECL	JRITY NO.	17. INFORMANT	T		DDRESS
18. 33	Z / X I E OR CONDITION DIR		8-3945 CAUSE OF	Violetta D.	Lowman - 3	IN	TERVAL BETWEEN
(This daes no heart failure, of injury ar comp A DISEASES OF rise to the	LEADING TO DEATH of mean the mode of osthenio, etc. if meons plication which caused INTECEDENT CAUSES R CONDITIONS, if above couse (A) CONDITION last.	the disease, deoth.) ony, giving	(B)	IBLE CE	CE BRAL	MGE	
E TO THE DE	CONDITIONS CONDITIONS CONDITION CAUSING IT	TED TO THE T DITION FOR WHICH O	PERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES,	WERE FINDINGS OF DE	ONSIDERED
OR CONTRIBUTED DEATH (notify	T WAS UNDERLYING TING CAUSE OF	218. PLACE C	OF INJURY (e.g., in foctory, street, offi	or obout 21 C. WHERE ice bldg., INJURY OCC	DID (If in I	Battimore City, give	
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21E INJURY While At Work	OCCURRED Not While At Work		D INJURY OCCUR?		4.743
that (I) (we)	that (I) (this hospitol) last saw the decease from the couses stat	d olive on	12-5	19 65	end that in (my) (or		occurred on the do
23A. SIGNATUR 23C. PHYSICIAN	Jahlia 6	Lujada	M.D. Atter	Med. Director	Staff Phys.	23 B. DATE	2-5-65
NAME (Ty	MORTON	KRIEGI	ER M.D.		.04 (0.1)	16:1	
24A. BURIAL CREM REMOVAL (Sp	AATION, 248 DATE	24C. NAME of C	EMETERY of CRE	MATORY	24D. LOCATION	(City, town, or	county) (Stote)

BALTIMORE CITY HEALTH DEPARTMENT



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	pproved by the chief medical examiner or his assistant if death occurred in a hospital o	the hospital by a medical examiner. Also, if the direct or contributing cause of de	any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea	(except where the physician who pronounced death was in regular attendance on	; and (6) No physician was in regular attendance on the deceased prior to death. S	obtained before the remains are embalmed or final disposition is made.
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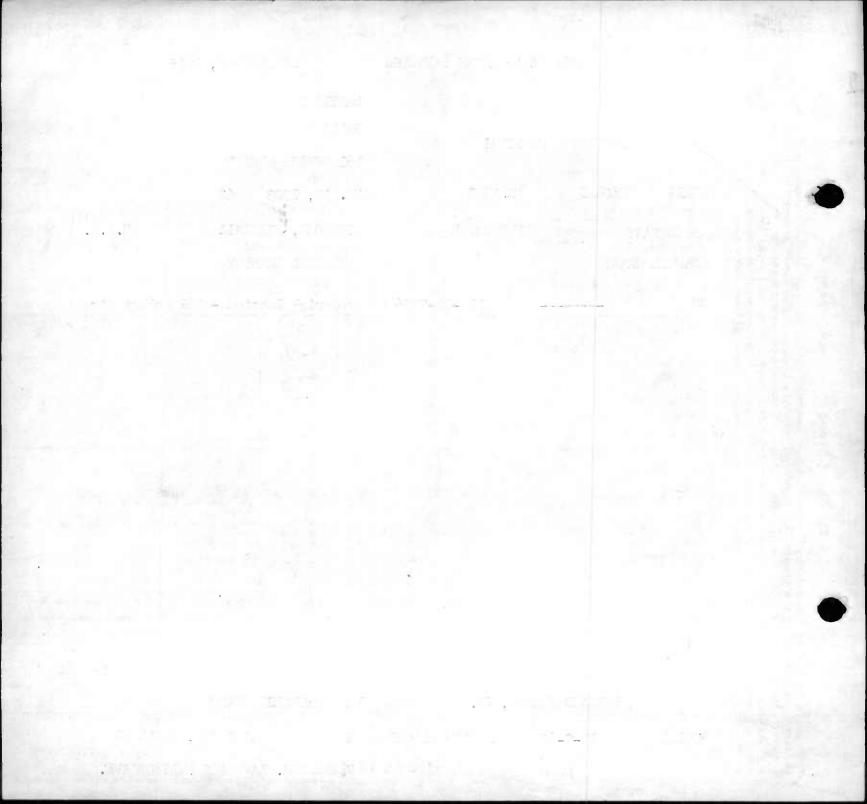
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BALTIMORE CITY HEALTH DEPARTMENT 65 12495 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) REBECCA McMASTER LANGSTON DECEMBER 4, 1965 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL INSTITUTION BALTIMORE PROVIDENT HOSPITAL D. STREET ADDRESS (If juiol, give location) 261 ROBERT STREET S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yi. Months Doys Hours lost birthdoy) DIVORCED (specify) FEMALE COLORED AUG. 30, 1903 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NEWS PAPER RICHMOND, VIRGINIA U. S. A. SECRETARY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SAMUEL GRANT RACHAEL BRADLEY 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO. NO 212-01-7856 Frederick Lanston - 261 Robert Street CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ICATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION WAS PERFORMED CERTIF 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDI 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram. 0 ob UV : that (1) (we) last saw the deceased alive on. 496and that in (my) (aur) apinian death accurred an the date eath) and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. M.D. Med. Stoff 10 Director L Phys. approval prior 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) BERNARD HARRIS, JR. 1200 McCULLEH STREET ased

24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) ARBUTUS MEMORIAL PARK BALTIMORE, MARYLAND BURIAL 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS CHARLES R. LAW 802 MADISON AVE.

VS 150-REV. 1/1/65



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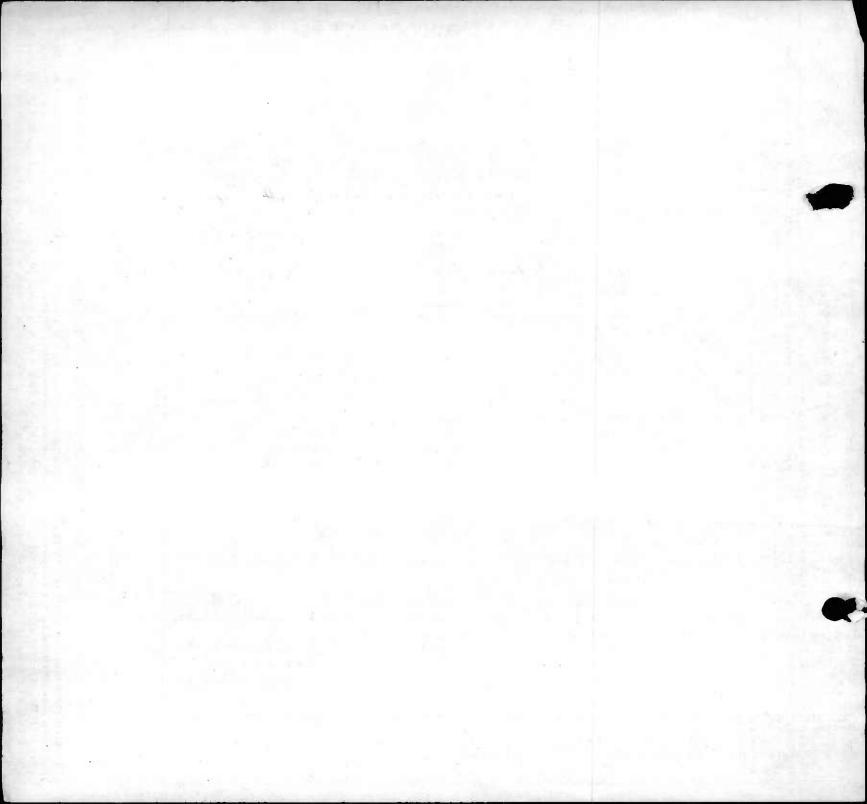
Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
A. STATE
B. COUNTY BALTIMORE (If autside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Miss Gertrude Apps 2401 Eutaw INTERVAL BETWEEN ONSET AND DEATH ACTERIOSCLECOTIC CARDIOVAS LULAC DISEASE 20 YEARS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (our) opinion death occurred an the date 23 B. DATE SIGNED (City, town, or county) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR SANDER 80 SONS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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of death

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BIRTH NO. 65 1245	CERTIFICA	ATE OF DEATH Registe	red N.65 12497
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYL	geL	2. DATE AND HOUR OF	65 1050
FULL NAME OF (If not in hospital or i	nstitution, give street	A. STATE B. COUNTY	240
HOSPITAL OR oddress or location) INSTITUTION		Ballimort	ts, write RURAL and give to (riship)
Mercy Hospith		D. STREET ADDRESS (If ruro), give local street and stre	7,
m Cau	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVEY 1727-1-	June 7 1964 Ost birthday)	eors If Under 1 Yr. If Under 24 Months Doys Hours Mi
16A, USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if retired)	R KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 1727 / 24 4	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME	1. 10:	14. MOTHERS MAIDEN NAME	1/ /
5. Was Deceased Ever in U. S. Armed Forces Yes, no arunknown (If yes, give war or dates of	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18. 7 4 7 8		Carol Votel 11	33 Hall ST.
(This does not mean the mode of dy heart foilure, osthenio, etc. It meons the injury of complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above couse (A) st UNDERLYING CONDITION lost.	e diseose, oth.)	Hydrorepholog E s f modullar. Neumcomyelocock.	
OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
EB12/1/65 WAS PERFOR	reenhaley	20A. AUTOPSY? (Yes of No) 20B. IF YE IN CERTIF	S. WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in office bldg., INJURY OCCUR?	n Bolfmore City, give exact location)
_	While At Not Work At Work		
22. I certify that (I) (this haspital) of that (I) (we) lost saw the deceased and hour and from the causes stated	olive on 12/		opinion death occurred an the
23A. SIGNATURE	M.D. A	Hending Med. Stoff Phys. Director Phys.	23B. DATE SIGNED
23C.PHTSICIANS NAME (Type)	M.C	23D. ADDRESS	1-1-
REMOVAL (Specify) 12/8/63	- Cedar Hill	CemeTery Fine	(City, town, or county) (SI Prundel, Md,
DEC 8 1965 P. 6	B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR STAVE	ns Funeral Home, s.
/s 150-REV. 1/1/65			



contributing death 10 direct IMPORTANT Also, examiner. FUNERAL DIRECTOR: chief medical medical 8 by the hospital approved by

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Deceased of death on the

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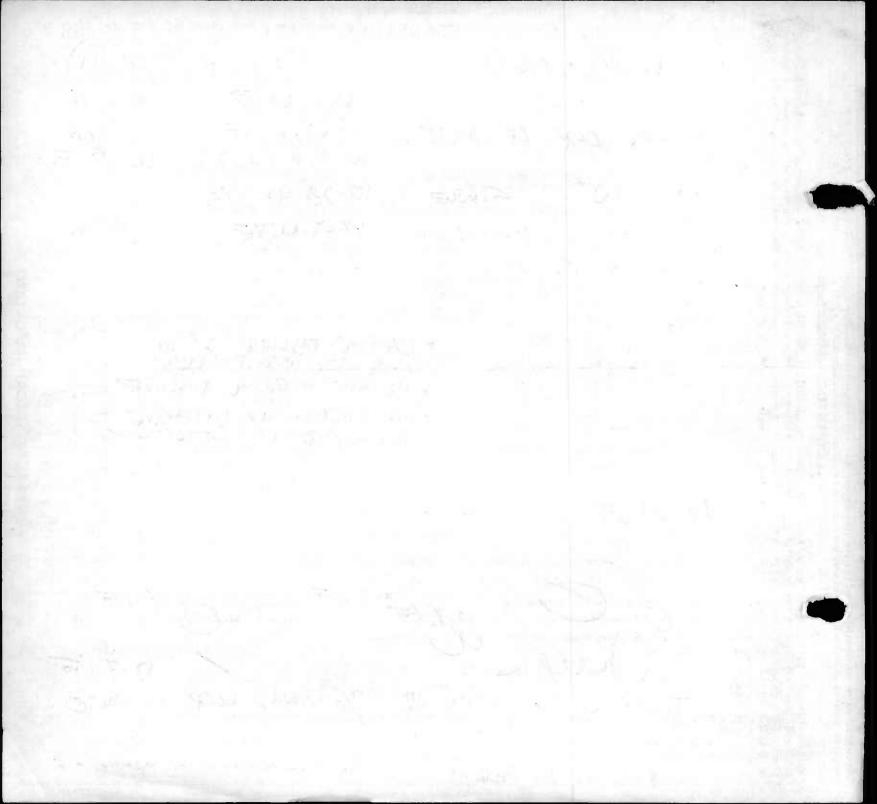
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN 4. USUAL RESIDENCE (Where deceased institutions socidence holds admission) B. COUNTY FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or lacation outside city limits, write RURAL and give township (It rurol, give location) ADDRESS made 7. MARRIED NEVER MARRIED If Under 1 Yr. 5. SEX 6. RACE B. DATE 9. AGE (In years It Under 24 Hrs. OF BIRTH Hours WIDOWAD, DIVORCED (specify) lost birthdoyl 7 I NOUS S TO USUAL OCCUPATION (Give kind of work) 10R, KIND OF RUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY PLACE (State or toreign disposition done during most of working life, even if retired) BOOKKEEPER ETIRED 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME FLIAS 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 720-14-3082 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH med DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE are DISEASES OR CONDITIONS, if onv. rise to the obove cause (A) stating the (C) obtained before the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 9A. DATE OF OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? JAUN D.CO 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) oftended the deceased from pe that (I) (we) lost saw the deceased alive on 19 and that in (my) (out) ppinian deoth occurred an the dote and hour and from the causes stated above. (I) (Wa) (did) did nat) view the body after death. must 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Director Stoff M.D. approval Phys. 23C PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION, 24D. LOCATION 24B. DATE CEMETERY OF CREMATORY (Stole) REMOVAL (Specify) written BLUT A54 25A. DATE REC'D BY HEALTH DEPT 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

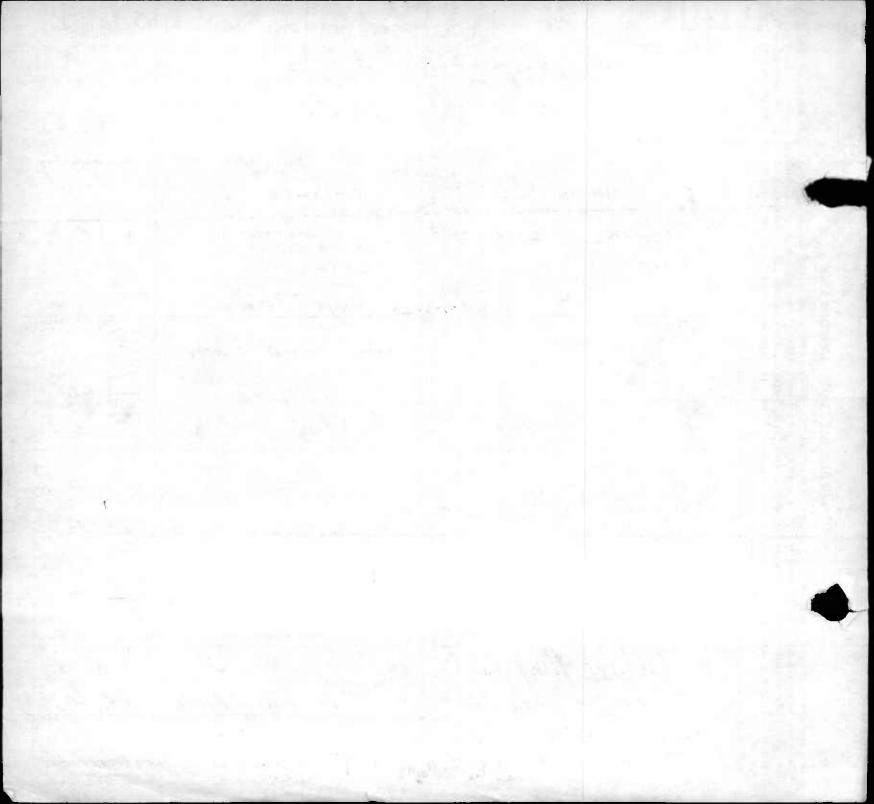


BALTIMOR	E CITY	HEALTH	DEPARTMENT

Registered Iva.	Registered	Na	65	1249
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BIRTH NO.	65 12499		CERTIFICA	TE OF DEATH	Registered Na	65 12499
1. NAME OF DEC	NORTH	, 4.	ILLLAN	E 12-7	-65 12	12 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospital or institution, give street oddiess or location) INSTITUTION SINAT HOSPITAL OF BALTO.			A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY Balto C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
3	INAI HOS	1-1111	OF STILL O,	Belueden	Ave. at	Preeusprin
5. SEX	G. RACE W American	WIDOWED	NEVER MARRIED), DIVORCED (specify)	8. DATE OF BIRTH 8-18-93	9. AGE (In years / lost birthday)	If Under 1 YI. II Under 24 Hrs. Months Doys Hours Min.
done during most of	UPATION (Give kind of work working life, even it retired)	SQLES		11. BIRTHPLACE (Stole or lo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME MYER				14. MOTHER'S MAIDEN NAME		
15. Was Deceased (Yes, no or unknow	d Ever in U. S. Armed For n) (II yes, give wor or dote	ces? s of solvice)	16. SOCIAL SECURITY NO. 218-09-8-773	17. INFORMANT HOSPT TE	FLORDS	ADDRESS
18.23 DISEA	SE OR CONDITION DIR	ECTLY	CAUSE O		timor	INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury ar car	nal mean the mode af , asthenia, etc. Il means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it ne abave cause (A) G CONDITION last.	the disease, death.)	(B) DUE TO	Heart far	lure	
E TO THE D	III	TED TO TH				
19A. DATE O	F OPERATION 198. CON	DITION FOR V	which operation	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH? City, give exact location)
OR CONTRIB	UTING CAUSE OF y medical examiner)	hom etc.)	e, form, loctory, street, o	lice bldg., INJURY OCCUR?	(II III bollimore	City, give exect locenon
21D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		INJURY OCCURRED ILL AT Work	21F. HOW DID II	NJURY OCCUR?	
that (1) (we	that (1) (this hospital	d alive an	12 - 7	19ond	that in (my) (aur) aplr	1965,
23A. SIGNAT	have to	loyprox	sent _ M.D. Alte	ending Med. S. Med. Diroctor 23D. ADDRESS	Stoff Phys.	23B. DATE SIGNED 12-7-65-
24A. BURIAL CRI REMOVAL BURIAL	(Specify) 12/8/196	PRASE 24C.NA	M.D. AME OF CEMETERY OF CRI ROSEDOLE		BOLTO	y, town, or county) (State)
25A. DATE REC'E	DEC 8 1965	PLES	E. Fallen Mil	Sycana S. LEU	les tson, INC	3319 OLYMPIA FUE

VS 150-REV. 1/1/65



BALT	IMORE	CITY	HEALTH	DEPARTMEN	IT.
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HIRTH NO. 65 12500	CERTIFICA	TE OF DEATH Registered No.	. 65 12500
INAME OF DECEASED Type or Print) Sadie Ditte	(Dittell)	2. OATE AND HOUR OF DEATH	547
FULL NAME OF HOSPITAL OR Oddress or location Mercy Hosp. Baltu.	, give street	Balto. D. STREET ADORESS (If rurol, give location)	e RURAL and give township)
G WIDOW	D, NEVER MARRIED (specify) AOWLO OF BUSINESS OR INOUSTRY	B. OATE OF BIRTH 12 25 P5 11. BIRTHPLACE (Stote or foreign country)	2/20L If Under 1 Yr. If Under 24 F Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY?
housewife		Baltimine had	USA
Charles Grahm		14. MOTHER'S MAIDEN NAME Unknown	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	LHOCA A M. Qual	200 Valley St 3
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made all dying, e.g. heart laiture, osthenia, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givin rise to the above cause (A) stating the UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 121	GENCE OPERATION	20A. AUTOPSY? (Yes or Nol 20B. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF OEATH?
OR CONTRIBUTING CAUSE OF ho et	B. PLACE OF INJURY (e.g., in me, form, loctory, street, of c.) E. INJURY OCCURRED	ice bldg., INJURY OCCUR?	ore City, give exact location!
OF INJURY	hile At Not While At Work		
22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive on and hour and from the causes stated above. 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(1) (We) (dld) (did not) v M.D. Atte Phy:	nding Med. Stoff Phys. 30. ADDRESS	238, DATE SIGNED
14A. BURIAL CREMATION, 24B. DATE 24C.1 SEMOVAL ISPECIAL 12/05 SA. DATE REC'O BY HEALTH DEPT 25B. NAME	NAME OF CEMETERY OF CRE OF REGISTRAR OF REGISTRAR	MATORY 200 LOCATION (1) 25C. TUNERAL DIRECTOR CLUMM	City, town, or county) (State

VS 150-REV. 1/1/65

duite. Merry Holp Balls ind 12 larles 51 F Commune perdonant Baltonia had horambe Charles Frakm Vakaring 1 sec halloy to the 3,500 Crate Organic Zate, agent arter or lander Commenda a hours Person with it 34/26/16 relation Check Calling 2.5 Chester Collins Jr Jung Hoga